

key points

SELECTED BY

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Liver cancer is the sixth most common cancer worldwide

with an estimated 750,000 new cases every year. The majority (75-90%) of all primary liver tumours are hepatocellular carcinomas (HCC), arising from the liver parenchyma. Other primary liver cancers include cholangiocarcinomas (CC), which make up 10-25% of liver cancers. These tumours arise from cells lining the biliary tree.

Chronic viral hepatitis, and in particular hepatitis B virus

(HBV), remains the most important risk factor for the development of HCC. In the UK the incidence of CC is 1-2 cases per 100,000 population, but rates are increasing and in the mid-1990s CC overtook HCC as the most common cause of liver cancer-related death. Over the past decade survival in liver cancer has been steadily improving as a result of developments in surgery, transplantation and the introduction of a number of novel local, ablative and molecular targeted therapies.

Symptoms that have been associated with HCC include

fatigue, weight loss, abdominal pain, pruritus and jaundice, which may also be caused by the underlying liver disease. However, HCCs are often relatively asymptomatic until late in the disease, and 90% of cases are associated with one or more risk factors. Patients with risk factors should undergo surveillance by abdominal ultrasound every six months. Classical symptoms of CC include jaundice, dark urine, clay-coloured stools and pruritus and occur as a result of progressive bile duct obstruction by the tumour.

Alpha fetoprotein (AFP) is the most widely used and

tested biomarker for the diagnosis of HCC. As a diagnostic tool AFP is only useful when it is found to be markedly elevated. Sensitivity of abdominal ultrasound is 58-89% for detecting HCC and CC in high-risk groups. Contrast enhanced CT or MRI is considered the optimal imaging technique for suspected HCCs, where nodules are greater than 2 cm histological confirmation is not required. Liver biopsy remains a particularly useful investigation in lesions which do not meet diagnostic radiological criteria.

Treatment of primary liver tumours is dependent on a

number of factors including the stage of the tumour, the position of the tumour, involvement of major vessels and the general health of the patient including the presence of cirrhosis. In patients with primary liver tumours and Child-Pugh A cirrhosis or a normal liver, resection is the first-line treatment. Liver transplantation for HCC is limited to small tumours and is not routinely recommended for CC. Chemotherapy is rarely used for HCC, but has been shown to improve survival in locally advanced and metastatic CC. Local and/or ablative therapies are considered to be first-line treatment in patients with early HCC who are not suitable for surgical resection or transplantation. In intrahepatic CC they can be used similarly to HCC.