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Management of Hepatocellular Carcinoma. Experience of a Single Center

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Abstract
Background and aims: Hepatocellular carcinoma (HCC) is the fifth most common cancer worldwide and the third most common cause of cancer-related death. We aim to study the diagnosis and treatment options for HCC.
Methods: We used standard methods of diagnosis for HCC: radiology, determining serum alpha fetoprotein (AFP). We included 190 patients diagnosed with HCC between April 2011 and May 2012.
Results: All patients were classified and treated according to the BCLC staging. Our study included 43 patients with early stage HCC, 58 patients with intermediate stage HCC (Stage B) and 89 patients with advanced stage HCC (Stage C). Most patients in the early stage underwent local ablation, while TACE was preferred in 46 patients in the intermediate stage. Systemic therapy was the most frequent treatment for patients in the advanced stage (48 patients), followed by Sorafenib (16 patients). 21 patients with end-stage disease did not receive treatment. Survival rates depended on the HCC stage: 2 - 18 months in the intermediate stage and 1 - 12 months in the advanced stage.
Conclusion: Early diagnosis of HCC is essential in improving the patients' outcomes, as there are several classic therapeutic options and new emerging ones addressing patients with early stage disease.
Key words: hepatocellular carcinoma, alpha-fetoprotein, liver transplant, local ablation

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