

Treating Liver Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating liver cancer' from CancerHelp UK. You will find more detailed information on the website.

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The stages of primary liver cancer

The stage of a cancer tells the doctor how far it has grown. It is important because decisions about treatment are often made according to the stage of a cancer. There are different ways of staging cancers. The numbered staging system for primary liver cancer has 4 main stages.

- **Stage 1** means your cancer is a single tumour. There are no cancer cells in the blood vessels, lymph nodes or in any other part of the body.

- **Stage 2** means a single tumour may have grown into blood vessels or there may be several small tumours (less than 5cm) in the liver. But the cancer has not spread to your lymph nodes or any other part of your body.
- **Stage 3** is divided into 3 further groups – stage 3A, 3B and 3C. Stage 3A means that the tumours are a bit bigger (more than 5cm) but have not spread into the lymph nodes or blood vessels. Stage 3B means that the one or more tumours have spread into blood vessels close to the liver, but not to any other part of your body. Stage 3C means that the cancer has spread to the area around the liver but not to any other part of the body.
- **Stage 4** is divided into 2 further groups – stage 4A and stage 4B. Stage 4A means the cancer has spread to lymph nodes that are further away from the liver. Stage 4B means that the cancer has spread to other organs in the body.

More about the stages of primary liver cancer

The TNM system is used for cancer staging all over the world. 'TNM' stands for Tumour, Node, Metastasis. The TNM



system can describe the size of a primary tumour (T), whether there are lymph nodes with cancer cells in them (N) and whether the cancer has spread to a different part of the body or 'metastasized' (M).

- **Tumour (T)** has 4 main T stages – T1 to T4. The main factors that doctors take into account are the size of the liver tumours and whether the cancer has grown into any blood vessels in the liver
- **Nodes (N)** has 2 N stages – N0 and N1. N0 means there are no cancer cells in nearby lymph nodes. N1 means that there are cancer cells in lymph nodes around the liver and its major blood vessels.
- **Metastases (M)** has 2 M stages – M0 and M1. M0 means there is no sign that the cancer has spread outside the liver or nearby lymph nodes. M1 means there are cancer cells in other body organs or in lymph nodes that are further away

The TNM stages mean that a doctor can describe very accurately and clearly what the stage of a cancer is. But day to day, your doctor is most likely to describe your cancer as being stage 1, 2, 3, or 4.

Systems such as the Barcelona Clinic Liver Cancer staging system and the Child-Pugh system describe how well you feel or how well the liver is working, and helps doctors decide what type of treatment is best.

Statistics and outlook for liver cancer

Outlook means the likely outcome of your disease and treatment. Your doctor may call this your prognosis. With liver cancer, the likely outcome and treatment depends on how advanced the cancer is when it is diagnosed (the stage of your cancer).

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of liver cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For a more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for liver cancer

Surgery and chemotherapy are the main treatments for liver cancer. Occasionally, you may have radiotherapy or other treatments to help control liver cancer.

Surgery for primary liver cancer

There are two main operations for liver cancer. These are a liver transplant, or surgery to remove the cancer from your liver. Your specialist will only consider surgery if the cancer is contained within the



liver and has not spread to any other part of the body.

Chemotherapy and other treatments

Your specialist may suggest chemotherapy to shrink a tumour that cannot be removed with surgery. Your specialist may suggest treatments to help control liver cancer, such as radiofrequency ablation, chemoembolisation, injecting alcohol into the tumour, or freezing the tumour. In hepatoblastoma, a type of liver cancer that affects children, it is more common to use chemotherapy.

Controlling symptoms

Treatment to slow down the growth of cancer and to relieve symptoms is called palliative treatment. Chemotherapy, radiotherapy and surgery are all used as palliative treatments. Your doctor may offer treatment to help control symptoms such as pain, breathing problems, weight loss and jaundice.

Which surgery for liver cancer?

Surgery is the main treatment for primary liver cancer. Unfortunately, for many people, it is not possible to remove the cancer with surgery. Your specialist will only consider surgery if the cancer is contained in one area of the liver and has not spread to any other part of the body.

Liver resection and lobectomy

It may be possible to remove the cancer and the surrounding tissues in the liver. This is known as a resection. Your surgeon will only consider a resection if the cancer is small and no major blood vessels are involved in the cancer. Sometimes a lobe of the liver is removed. This is called a lobectomy.

Radiofrequency assisted resection

This operation also involves removing the cancer from the liver. This time the surgery is combined with radiofrequency ablation (RFA). RFA uses high energy radio waves to destroy the cancer and surrounding tissues.

Liver transplant

Transplanting the liver may be possible in some people with hepatocellular liver cancer (HCC). This operation is only done for early liver cancers. A liver transplant is not an option if the cancer has spread outside the liver because cancer cells elsewhere in the body will be left behind.

Having your operation for liver cancer

When you go in to hospital for your liver operation, your surgeon, anaesthetist, nurse and physiotherapist will all come and talk to you. The surgeon will explain the operation. Ask as many questions as you need to. It may help to make a list beforehand. The physiotherapist will teach you breathing and leg exercises to do after your operation.

After your operation

To start with, you are likely to have tubes in place to give you fluids, drain the wound, drain your urine, and drain fluid from your stomach to stop you feeling sick.

Most patients having a liver resection will have an epidural for pain control. You have a very fine plastic tube going into your spinal fluid. Your anaesthetist uses the tube to give you painkillers directly into the fluid. This controls pain very well. You will probably have it in place for a few days after your operation.



Once you are eating and drinking, you can have your painkillers by mouth instead of an epidural. Gradually, your nurses will help you to get up and about and do more for yourself. Depending on the type and extent of surgery you had, you may be in hospital from one week to a few weeks.

What to ask your doctor about surgery for liver cancer

- How can you tell if surgery is possible for me?
- What tests will I have to have?
- What type of operation should I have?
- Will the operation cure my cancer?
- Is it possible to have a liver transplant – if not, why not?
- How well will I be after a transplant - will I ever get back to normal?
- How long will it take me to get over this surgery?
- What are the risks and benefits of having this operation?
- What are the long term effects?
- Will I have pain after surgery?
- What other side effects will I have?
- Will I be able to eat and drink normally?
- Will I need any other treatment after surgery?
- Is there any treatment I can have instead of an operation?
- How long will it take me to get better?
- How can I help myself recover?

Who can have a liver transplant?

You may be able to have a liver transplant if you have a liver tumour of no more than 5cm across, or up to 3 small tumours no larger than 3cm across, or one tumour that is 5 to 7cm across if it has been stable for at least 6 months. To have a liver transplant

you need a donor liver that is a close match to yours. You may have to wait a long time.

A liver transplant is not useful if the cancer has spread out of the liver, because there will be cancer cells left behind in the body after the operation. So the operation would not get rid of all the cancer.

Having a liver transplant involves careful preparation by many different health care workers. Take time to get to know them and ask as many questions as you want to. If you and your doctor decide to go ahead with the transplant you will have several more tests before your surgery. This may mean going into hospital a few days before your operation.

Finding and waiting for a donor

Most livers used for transplantation come from people who agree to donate their liver when they die. Sometimes liver tissue can be given by a living person, but this operation is still very rare.

If a liver transplant is a suitable treatment for you, your name will be placed on a waiting list for a donated liver. Unfortunately there are a lot more people on the waiting list than there are livers available each year. Depending on how well you are, you will wait for your liver transplant at home or in hospital. This may take a long time.

What does the operation involve?

A liver transplant is a very big operation and usually takes between 6 and 10 hours to perform. All surgery is done under general anaesthetic. A transplant actually involves 3 operations. These include removing the donor liver, removing your liver and implanting the donor liver into you.



When you wake up

When you come round, you will be in the intensive care unit. You will be on a ventilator at first. This is a machine that helps you to breathe. As soon as your doctors are happy that you can breathe comfortably alone, they will take out the breathing tube. You may also have

- Tubes into your neck to measure your blood pressure and give you medications and fluids
- A drain from your wound site to drain away blood and tissue fluid
- A tube down your nose and into your stomach (nasogastric tube) to drain it and stop you feeling sick
- A tube into your bladder to drain away your urine

These will all be removed quite quickly as you get better. Once you are making a bit of progress, your specialist will move you into the high dependency unit. This is an area where you still have more close care than in a regular ward. You will stay in hospital for about 3 weeks.

After your liver surgery

Possible complications

All types of surgery have potential side effects. The possible side effects after having a liver transplant include excessive bleeding, rejection, infection, changes in your sleeping habits, depression and anxiety.

CancerHelp UK has more information on each of these possible complications after liver transplant surgery.

Do bear in mind that if you haven't had any major problems in the year following your

transplant, then it is very unlikely that you will.

Going home after your transplant

Before you leave hospital, the staff will talk through your medications and side effects. They will discuss how often you will have follow up appointments and what to expect in the first year after your transplant. Don't be afraid to ask questions to get all the information you need.

If you want to contact the donor's family

Some people feel the need to contact the family of the person whose liver they received. They want to say thank you for the chance they've been given and for the generosity of the family in allowing the organ donation. This contact is acceptable as long as it is anonymous. It is usual for the transplant coordinator to help you write to the donor's family. So if you are interested in doing this, ask your transplant coordinator about it.

What to ask your doctor about liver transplant surgery

- What preparations should I make before my operation?
- What will happen during the surgery?
- What is the surgery aiming to achieve?
- Will the surgery cure my cancer?
- How many of these operations do you do each year?
- What are your results?
- What are the possible risks and side effects?
- What other treatment choices do I have?
- Can I see an oncologist (cancer specialist) to talk about alternatives to surgery?



- Will I be in pain after the operation?
- What can you do for the pain?
- How might the surgery affect my life in the longer term?
- Is it safe to go back to exercise?
- Are there any sports I shouldn't play?
- Can I eat a normal diet?
- When can I go back to work?
- What about my sex life?
- How soon can I drive?
- What about going on holiday and having vaccinations?
- I would like to thank my donor family - how can I do that?

Chemotherapy for liver cancer

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells.

Chemotherapy can be useful to help control the growth of a cancer when surgery is not possible. Some people may have chemotherapy after surgery. This is called adjuvant chemotherapy. The aim of the treatment is to try to kill off any cancer cells that may have been left behind and stop the cancer from coming back.

Apart from children with hepatoblastoma, chemotherapy is not really an effective treatment for primary liver cancer. If you do have chemotherapy, it may be as part of a clinical trial. You may have chemotherapy to treat primary liver cancer as tablets or through a drip into a vein. It is sometimes possible to give chemotherapy directly to the area of the liver that contains the cancer.

You usually have chemotherapy as a series of treatments every few weeks. The drugs most often used to treat liver cancer are doxorubicin (Adriamycin) and cisplatin.

All chemotherapy has side effects. Some people have very few side effects and others have more. The most common side effects are sickness, diarrhoea, hair loss or thinning, feeling tired and run down, and a sore mouth or mouth ulcers.

We have more information in the 'chemotherapy' section of CancerHelp UK.

Radiotherapy for liver cancer

Radiotherapy uses high energy rays to kill cancer cells. It is not often used to treat liver cancer as it can damage the part of the liver that is not affected by the cancer.

However, some people may benefit from receiving lower doses of radiotherapy to shrink a large cancer and relieve pressure, which may be causing pain. Radiotherapy to the liver may also help control sickness.

You have radiotherapy treatment in the hospital radiotherapy department. The treatment does not hurt. And it does not make you radioactive. It is perfectly safe to be with other people, including children, throughout your treatment course.

You are more likely to have radiotherapy to help control symptoms, and the dose is low. So you may not have too many side effects. Radiotherapy to control symptoms is often given in just a few treatments. It often causes tiredness and you may also have sickness and diarrhoea.

You can find more information about having this type of treatment in the 'radiotherapy' section of CancerHelp UK.



Follow up for liver cancer

After your treatment has finished, you will have regular check ups. Your doctor will examine you and ask how you are feeling. He or she will ask about any concerns you have, and check for signs of the cancer coming back. To begin with, you will see your doctors quite often. If all is well, your follow up appointments will gradually become less and less frequent.

If you have had hepatocellular liver cancer, you will probably have a blood test for the marker, AFP at every visit. At some visits, you may also have blood tests that measure how well your liver is doing (liver function tests). You may also have a CT scan, an ultrasound scan and X-rays. You will not have all these tests at every visit to your specialist.

If you are worried or notice any new symptoms between appointments, tell your doctor as soon as possible. You shouldn't wait until your next appointment.

Many people find their check ups quite worrying. You may find it helpful to talk to someone. It is quite common nowadays for people to have counselling after cancer treatment. To find out more about counselling, look in the 'coping with cancer' section of CancerHelp UK.

Liver cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so we can be sure they are safe. And that they work better than the treatments we already use. Treatments are developed and tested in laboratories, and then tested in people in clinical trials.

Unfortunately, there are not that many trials for primary liver cancer treatment in the UK, as it is not a common cancer in this country. There is research into different ways of removing liver cancer, chemotherapy, and biological therapies.

What to ask your doctor about treating liver cancer

- What do you know about my cancer?
- Has my cancer spread?
- What is the stage of my cancer and what does this mean for me?
- What treatment would you recommend and why?
- What are the risks and benefits of this treatment?
- What are the possible side effects of this treatment?
- How long will they last?
- Will I have any hair loss? If so, when will my hair grow back?
- Can you arrange a wig for me on the NHS?
- How long will I be in hospital for?
- How often will I have to come back to hospital?
- What do you expect the treatment to achieve?
- What are the chances of my cancer returning?
- Will I have difficulties with eating and drinking? If so, what can I do about my diet?
- What is my expected prognosis?
- Is there a clinical trial that I may be suitable for and will it help me?
- What follow up will I receive after my treatment?



Notes

More information

For more information about liver cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on
0808 800 4040 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in July 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).