



**The 13th Asia-Pacific Primary Liver Cancer
Expert Meeting**

Novel Insights into the Evolution of Liver Cancer Management

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Combined Radiotherapy, Anti-angiogenesis and Immune Checkpoint Blockade Inhibition of Portal Vein Tumor Thrombus in Hepatocellular Carcinoma

Dr. Keren Li

Hepatopancreatobiliary Center, Beijing Tsinghua Changgung Hospital
Beijing, China

Background



Hepatocellular carcinoma (HCC) with portal vein tumor thrombus (PVTT) has an extremely poor prognosis



A previous study proved that low-dose radiotherapy (RT) could prolong the prognosis of HCC patients with PVTT



This study aims to explore whether PVTT is more sensitive than primary tumors to RT treatment

Methods



- Patients were selected based on imaging diagnosis of HCC accompanied by PVTT and received combined treatment of radiotherapy, antiangiogenic drugs and immune checkpoint inhibitors, followed by hepatectomy or liver transplantation from January 2019 to August 2022.
- The efficacy was evaluated by **RECIST** guidelines and pathological assessment.
- The sensitivity of tumor cells to the treatment was compared between the primary tumor (PT) and PVTT by analyzing their residual tumor and pathologic complete remission (**PCR**) incidence

Results



- The size of PVTT decreased more significantly than that of the primary tumor in the imaging study ($p < 0.05$).
- The residual cancer of the primary tumor was significantly higher than that of PVTT based on pathologic diagnosis ($p = 0.008$).
- The PCR incidence of the **primary tumor (21.42%)** was significantly lower ($p = 0.008$) than that of **PVTT (78.57%)** in the pathologic study .
- Imaging analysis showed that 42.86% of patients had SD and 57.14% PR for the primary tumor, whereas 50% of patients had SD and 50% PR for PVTT.

Conclusion

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PVTT is more sensitive to radiotherapy treatment than the primary tumor

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This combination therapy might be an effective downstaging treatment for HCC patients with PVTT



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Thank you for listening