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Surgical resection beyond guidelines

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Lecture : While the BCLC guidelines provide a useful framework for the treatment of hepatocellular carcinoma (HCC), it is important to note that not all patients may fit neatly into these categories. Some patients with intermediate-stage HCC above the BCLC guidelines may still benefit from liver resection for multiple HCC.

Liver resection has been shown to be an effective treatment option for selected patients with intermediate-stage HCC above the BCLC guidelines. These patients may have larger tumors, multiple tumors or more advanced disease than those typically recommended for liver resection based on the BCLC guidelines. However, with advancements in neoadjuvant therapies such as transarterial chemoembolization (TACE) and systemic therapy, it may be possible to downstage the tumors and increase the likelihood of a successful resection.

In addition, intraoperative imaging techniques such as intraoperative ultrasound and fluorescence-guided surgery have improved surgical precision and outcomes. These techniques allow the surgeon to identify and remove all cancerous tissue while minimizing damage to healthy liver tissue.

Furthermore, less invasive surgical approaches such as laparoscopic and robotic liver resection have become more widely used. These techniques offer several advantages over traditional open surgery, including less pain, shorter hospital stays, and faster recovery times.

Overall, while the decision to perform liver resection for intermediate-stage HCC above the BCLC guidelines should be made on a case-by-case basis, it is important to recognize that some patients may still benefit from this treatment option. A multidisciplinary team of healthcare professionals should evaluate each patient's individual health status and overall prognosis to determine the most appropriate course of treatment.