Lettera all'Editore

Letter to the Editor

Long-term treatment of hepatocellular carcinoma with sorafenib

Trattamento a lungo termine con sorafenib del carcinoma epatocellulare

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Dear Sir,

We wish to offer our contribution to the discussion of liver cancer treatment by calling your attention to an interesting clinical case, that of a 77-year-old woman with HCV-related liver cirrhosis and hepatocellular carcinoma (HCC). She was never subjected to histological staging and grading, or antiviral therapy.
The patient, at age 70 years, was subjected to wedge liver resection due to the discovery of an HCC nodule.
Histological examination confirmed the diagnosis of HCC. Two years later, the patient started treatment with sorafenib 400 mg twice daily, due to the detection of HCC recurrence with right portal vein, right hepatic vein and inferior vena cava thrombosis.
Other treatment, such as loco-regional therapy, are excluded. The patient was in Child-Pugh A5, stage C BCLC.
A year later, the patient was referred to our care. Abdominal CT was performed, showing a local recurrence of cancer, with thrombosis of the right portal vein, and right hepatic vein. She continued to receive sorafenib 800 mg daily, without major side effects, except for a slight delay in wound healing.
During follow-up, we found a progressive increase in α-fetoprotein values, from initial 4.46 IU/ml to 74 IU/ml on last month, after exactly four years. The last CT scan performed showed an extension of thrombosis, both at the portal and of the right hepatic vein, with involvement of the retro hepatic inferior vena cava, and ascites, but with clinical stability.
In this case, sorafenib resulted in a stabilization of disease, with survival to date of about 60 months, without significant side effects. This long-term survival is not a usual event in patients treated with sorafenib, due to the advanced stage of the disease [1, 2]. We do not know the factors that are contributing to the prolonged survival of this lucky patient. A very recent study identified only in theChild-Pugh score the only parameter known to influence survival in patients with HCC treated with sorafenib [3].
In our view, surgical resection followed by treatment with sorafenib, played an important role in this patient [4].
Therefore, new scenarios are opened up on the role of the drug therapy of hepatocellular carcinoma, also in combination with other therapeutic options [5].

Keywords: sorafenib, hepatocellular carcinoma, HCC.

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