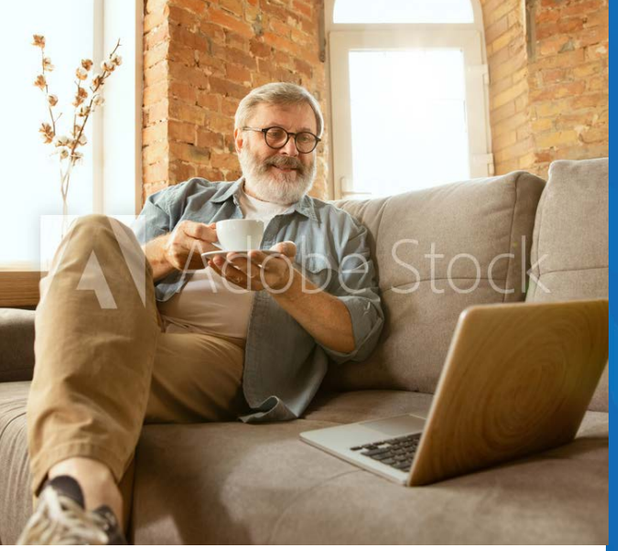

Causes & Risk Factors

HCC is most frequently associated with unmanaged, long-term liver inflammation. Approximately 80% of people diagnosed with HCC have cirrhosis of the liver.

Conditions that increase your risk of HCC include:

- Hepatitis B
- Hepatitis C
- MASH*
- Alcohol use disorder

*MASH: Metabolic dysfunction-associated steatohepatitis, formerly known as NAFLD (non-alcoholic fatty liver disease)

1411 N Beckley Ave.
Pavillon 3, Suite 268
Dallas, TX 75203

TheLiverInstituteTX.com

P: 214-947-4400 or 1-877-4A-LIVER
F: 214-947-4400

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The Liver Institute

METHODIST DALLAS MEDICAL CENTER

HEPATOCELLULAR CARCINOMA (HCC)

TheLiverInstituteTX.com

Methodist TRANSPLANT SPECIALISTS

WHAT IS HCC?

Hepatocellular carcinoma or "liver cancer" is the most common form of primary liver cancer (a cancer that starts in your liver). These fast-growing cancerous tumors are most often found in people with chronic liver diseases such as cirrhosis, hep b and hep c infections.

Although it can be life-threatening, catching HCC early can mean successful treatment with surgery or transplant.

HOW COMMON IS HCC?

According to the National Cancer Institute, HCC is the sixth most common type of cancer diagnosis and the third leading cause of cancer-related deaths.

It is estimated that HCC is responsible for over **12,000** deaths per year in the U.S.

Most often diagnosed in people over the age of 60

HCC is 2-3 times more likely to occur in men than women.

Symptoms & Diagnosis

Typically, HCC is asymptomatic in the early stages. When patients experience symptoms, they may be:

- Fullness or a knot under your ribs on your right side
- Fullness under your ribs on your left side
- Loss of appetite or feeling full after a small meal
- Unexplained weight loss
- Nausea and vomiting

Due to its asymptomatic nature, HCC is frequently detected during a screening for an underlying liver disease. Blood tests, imaging scans or a liver biopsy are all able to detect and diagnose HCC.

Staging

Cancer staging allows your medical team to determine how advanced is your HCC, your prognosis and which treatment options are best. Staging will take into consideration:

- The tumor's size
- How much it's grown into nearby tissue (including lymph nodes)
- Has it spread beyond the liver
- How advanced is your underlying liver disease

Treatment options

HEPATECTOMY: Surgery to remove the tumor/diseased part of your liver.

LIVER TRANSPLANT: If your liver isn't healthy enough for a hepatectomy, or factors prevent it, transplant may be an option.

ABLATION THERAPY: A special needle that directs energy which is extremely hot to destroy the tumor.

EMBOLIZATION: Implanting a substance directly into the arteries supplying the tumor to stop blood flow.

- **Chemoembolization:** Implants a substance that contains chemotherapy drugs.
- **Radioembolization** (Y90): When small beads of radiation are implanted.

RADIATION THERAPY: Can help treat small tumors that they can't remove with surgery or destroy using ablation.

- **Stereotactic body radiation therapy (SBRT)** is a specific type of radiation treatment that targets growths with many beams of energy.

IMMUNOTHERAPY: Medicines that help your immune system find and fight cancer cells.

TARGETED THERAPY: Medicines which help switch off the signal that tells cancer cells to keep growing.

Your healthcare provider may suggest participating in a clinical trial to try new HCC treatments. They may also recommend palliative care to help you manage cancer symptoms and treatment side effects. Palliative care can improve your experience whether you're living with long-term disease or receiving treatment for early-stage, curable HCC.

What to expect after treatment

After HCC treatment, most patients can expect to have regular imaging, every 3 months, for the first year. If scans remain clear, your doctor will decide if reducing the frequency of your imaging is right for you.

HCC is generally an aggressive cancer and has recurrence rates which make regular imaging an important part of your post-treatment liver care.