



“ The currently available drug treatment aims to control the disease rather than to cure it but, as a result of clinical trials, the outcomes from drug treatment are steadily improving. ”

What is drug therapy?

If the cancer cannot be treated by surgery, transplantation or liver directed therapy such as ablation, radiotherapy or embolization (TAE/TACE), you may be offered drug treatment.

Depending on the type of drug, treatment may be in the form of daily tablets or intravenous therapy. The currently available drug treatment aims to control the disease rather than to cure it but, as a result of clinical trials, the outcomes from drug treatment are steadily improving.

The following drugs have been approved for the treatment of liver cancer in the UK:

- Sorafenib
- Levantinib
- Regorafenib
- Atezolizumab and Bevacizumab

Am I suitable for drug therapy?

The evidence that drugs are effective in liver cancer has come from trials which required patients to be relatively fit in terms of their levels of activity, and to have relatively normal liver function.

Am I suitable for drug therapy? Cont...

Subsequent studies have confirmed that patients who do not fit these criteria derive little if any benefit and for some patients, drug treatment may be detrimental. For this reason, the National Institute for Clinical Excellence (NICE) has defined criteria that have to be met before treatment can be prescribed.

Your oncologist will make an assessment and determine whether you are likely to benefit and therefore eligible for treatment.

Unfortunately, some groups of patients have not been included in clinical trials and we therefore have less information about the effectiveness of drug treatment. These groups include those with liver transplant or rare subtypes of liver cancer such as fibrolamellar liver cancer. Your oncologist will discuss what options are available in these situations.

What happens next?

Your case should be discussed by a specialist liver cancer multidisciplinary team (MDT) which will recommend the best treatment option.

If drug treatment is recommended, you will be seen in clinic by an oncologist with expertise in managing patients with liver cancer. They will provide you with verbal and written information about the treatment options.

The effectiveness of treatment is monitored with CT or MRI scans which will be done before you start treatment and at intervals of 2-6 months whilst on therapy. Initially, you will be seen regularly in clinic to check for side effects, check your blood and make necessary adjustments to the dose. With time, the clinic intervals may lengthen. Normally you will continue treatment for as long as you are responding and tolerating therapy.

What are the risks?

Your oncologist will inform you of the risks and provide written information. You will be given telephone numbers and/or emails to contact in the event that you develop side effects and need urgent advice.

During the course of treatment it is not uncommon for dose adjustments and interruptions to be made depending on side effects. It may be decided to stop treatment at any time and your doctor will advise regarding alternative options.

Clinical Trials?

The treatment for liver cancer has improved significantly over the past 10 years but there is still a long way to go in order to achieve the ambition of curing advanced disease with drug treatment. The treatments that are available today have been proven to be effective through clinical trials which provide the highest level of evidence.

There are many new drugs in development for liver cancer and your oncologist may discuss trials for which you may be suitable as an alternative to standard care. If not, you may wish to ask about trial options. In addition to clinical trials, you may be asked for permission to take extra blood or tumour samples for ethically approved research. These research studies can provide important understanding about liver cancer and treatment.