



From the Desk of Editor

Dear Readers,

Season's Greeting !

I hope "Onco News" is adding value to medical knowledge.

Your suggestions and comments have made Onco News a leading periodical in this field.

Hepato cellular cancer (HCC) has seen in recent years, lot of changes especially in therapeutics. It is a common GI malignancy and its prevalence is increasing in developing countries. This increasing incidence may be explained by increasing risk factors including the emergence of hepatitis C virus, improvement of the screening programs and diagnostic tools for liver cancer as well as the improved survival rate of cirrhosis to allow time for some of them to develop HCC.

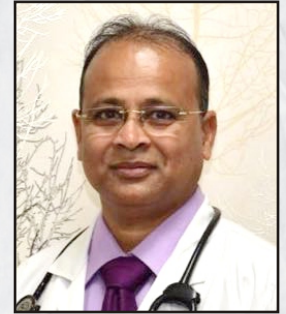
HCC is a complex disease in all aspects of etiopathogenesis, diagnosis and treatment ranging from curative to palliative.

With regards

Dr. Naresh Somani

M.D., D.M.

Senior Medical Oncologist



Hepatocellular Carcinoma

Epidemiology

- HCC is the seventh most common cancer and third-ranked cause of cancer death globally.
- The majority of cases present under age 50.
- Men are affected more frequently than women.
- Chronic hepatitis B accounts for a proportion of case, but hepatitis-C infection is increasingly becoming a cause.
- The latency period between hepatitis B or C exposure and HCC is 30 years.
- Patient with cirrhosis have 1%-2% annual risk of developing HCC.
- Chronic hepatitis C patients with sustained virological response (SVR) after treatment may still be at risk for HCC, a new study reports. Risk factors include a lower platelet count, cirrhosis, and elevated aspartate aminotransferase (AST) levels.

Symptoms

Symptoms present in advance disease and are due to mechanical effects of tumor growth and paraneoplastic syndrome.

Diagnosis and Prognosis

Histological confirmation may not be required in every patient.

The diagnosis of HCC is made on the basis of history, laboratory and radiological findings of a mass lesion within the liver. Immuno histochemistry can distinguish between HCC and other primary and metastatic liver cancers. α -Fetoprotein is elevated in 60%-90% of patients with advanced HCC.

Tumor size and vascular invasion are the most important prognostic factors. Biopsy of lesion should be deferred if there is potential of curative surgical resection, because of risk of tumor seeding.

Pathology and staging

Disease may appear as a large, solitary tumor or as a central mass with satellite lesions. Histologic subtypes include trabecular pseudoglandular or acinar, compact, scirrhous, clear cell, and fibrolamellar. The fibrolamellar variant carries the best prognosis and is often resectable. Many staging systems exist, based on clinical and radiographic features.

The Barcelona Clinic Liver Cancer (BCLC) classification system appears to better predict the overall survival of patients with HCC .

Management

Surgery

Surgical resection and transplantation are the only treatments that offer cure. In transplanted patients, 5 year survival is around 75%.

Resection is not possible in many patients because of low performance status, comorbidity, or extent of liver disease.

In cirrhotic patients with hepatitis C, with HCC lesions <3 cm, liver transplantation is preferred to resection because of a high likelihood of developing new tumor lesion with resection alone.

Nonsurgical Management

Liver directed approaches

- Radiofrequency ablation
- Transarterial embolization with or without chemotherapy deprives tumor of vascular supply and induces tumor necrosis.
- Transarterial, intrahepatic radiolabeled spheres.
- Percutaneous absolute alcohol injection directly into the tumor.

Systemic Treatment:

Sorafenib

This is an inhibitor of cell proliferation and vascular endothelial growth factor receptor (VEGFR).

- Offers improved median overall survival.
- Should be considered first-line therapy in patient with unresectable HCC.
- Major adverse reactions are diarrhea, anorexia, fatigue, and bleeding.
- Dose is 800 mg daily.

Newer Therapies

- Sunitinib it is a tyrosine kinase inhibitor drug and recommended in second line treatment.
- Lenvatinib: It is a multi kinase inhibitor has recently shown non inferiority to sorafenib and can be recommended for this purpose.
- Immuno oncology therapy: Drug like nivolumab is given as intravenous every two weeks. It has recently been approved for second line (post- sorafenib) treatment.



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1st Floor, B-Wing, Marwah Centre, Krishanlal Marwah Marg,
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Tel.: (91-22) 61311310, Fax : (91-22) 2857 9720

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Onco-Facts

1. Abiraterone acetate + Androgen deprivation therapy (castration) a potential new standard of care for prostate cancer.
2. Osimertinib triumphs over gefitinib, erlotinib as first-line treatment for advanced EGFR-positive NSCLC
3. Adjuvant capecitabine extends survival by 15 months in biliary tract cancer.
4. 3-month adjuvant chemotherapy may be sufficient for most patients with colon cancer in select patients.
5. High-dose vitamin D boosts PFS in metastatic colorectal cancer.
6. Long-term (more than six cycles) administration of the chemotherapeutic agent temozolomide exhibited superiority over the six-cycle adjuvant temozolomide therapy with no additional toxicity in selected patients with high-grade glioma.

Upcoming conference of SoMex

Second Indian breast cancer conference (international meeting). For details log on www.ibccjaipur.in

Recent Activities of Somex Research & Health Pvt. Ltd.

- SoMex organized CME on "Epilepsy awareness talk for general public and felicitation of long term survivors of epilepsy" on 31 March 2018
- CME and International speaker program on Management of metastatic Breast cancer on 17 th March 2018
- CME on "Immuno-oncology: Spreading Its Wings" on 4th March 2018.
- Organized launch meeting and CME of New products of multi national giant, Novartis in Breast Cancer on 23rd Feb 2018
- CME on "ROS-1 Positive Lung Cancer" on 31st January 2018

BOOK - POST

To, _____

If undelivered please return to:


Dr. Naresh Somani M.D., D.M, Editor, Newsletter

SoMex Research & Health Pvt. Ltd., (Clinical Research and Academic Organization)

277, IIInd Floor, Shri Gopal Nagar, 80 Feet Road, Gopalpura Bye Pass, Jaipur-302019

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Dr. Naresh Somani on behalf of SoMex Research & Health Pvt. Ltd., Jaipur

Ph. 0141-2504996, 8104124996, • Email: contact@somexresearch.com • Twitter  @DrNSomani