台灣肝癌醫學會及消化系醫學會

臨床肝癌共識處置準則

楊光祖醫師編譯

Management consensus guideline for hepatocellular carcinoma: 2020 update on surveillance, diagnosis, and systemic treatment by the Taiwan Liver Cancer Association and the Gastroenterological Society of Taiwan

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Level	Definition
	Evidence
1	At least one well-designed RCT
1a	Meta-analysis of RCTs
1b	At least one RCT
2	Comparative studies: non-RCT, but with well-designed cohort or case control studies (prospective or retrospective), and outcomes research
3	Noncomparative studies: case series, case report, or not well-designed clinical studies
4	Opinion of respected authorities, descriptive epidemiology, or report of expert committee
	Recommendation
A	Strongly recommended
B	Recommended
C	Considerable, but insufficient evidence
D	Not recommended

Abbreviations: RCT=randomized controlled trial.

Section 1: Surveillance

Statement 1-1: Regular screening method can be combined with dynamic computed tomography (CT) or magnetic resonance imaging (MRI) or gadoxetic acid (Gd-EOB-DTPA)-enhanced MRI (EOB-MRI) every 6 to 12 months for extremely high-risk patients and/or for patients whose liver is difficult to image with ultrasound (US) due to liver atrophy, severe obesity, and postoperative deformity

【Agreement (A):100%; level of evidence (E): 1; recommendation (R): A】

聲明 1-1：
定期篩查方法可與動態電腦斷層掃描 (dynamic CT)或核磁共振造影(MRI)或钆塞酸(Gd-EOB-DTPA)增強 MRI (EOB-MRI) 相結合，每 6 至 12 個月用於極高危險(extremely high-risk)患者和/或用於因肝萎縮、嚴重肥胖和術後畸形而難以用超聲波(Ultrasonography)進行肝臟成像的患者

Statement 1–2: Kupffer-phase contrast-enhanced ultrasound (CEUS) with Sonazoid combined with the reinjection technique can also be recommended as a first-line screening tool for HCC in patients with renal dysfunction and liver cirrhosis, especially for those with very coarse liver parenchyma (A: 100%; E: 2, R: B).

聲明 1-2：
Kupffe 相位對比增強超聲(CEUS)與 Sonazoid 聯合回注技術也可推薦作為腎功能不全和肝硬化患者 HCC 的一線篩查工具，尤其是對於肝實質非常粗糙的患

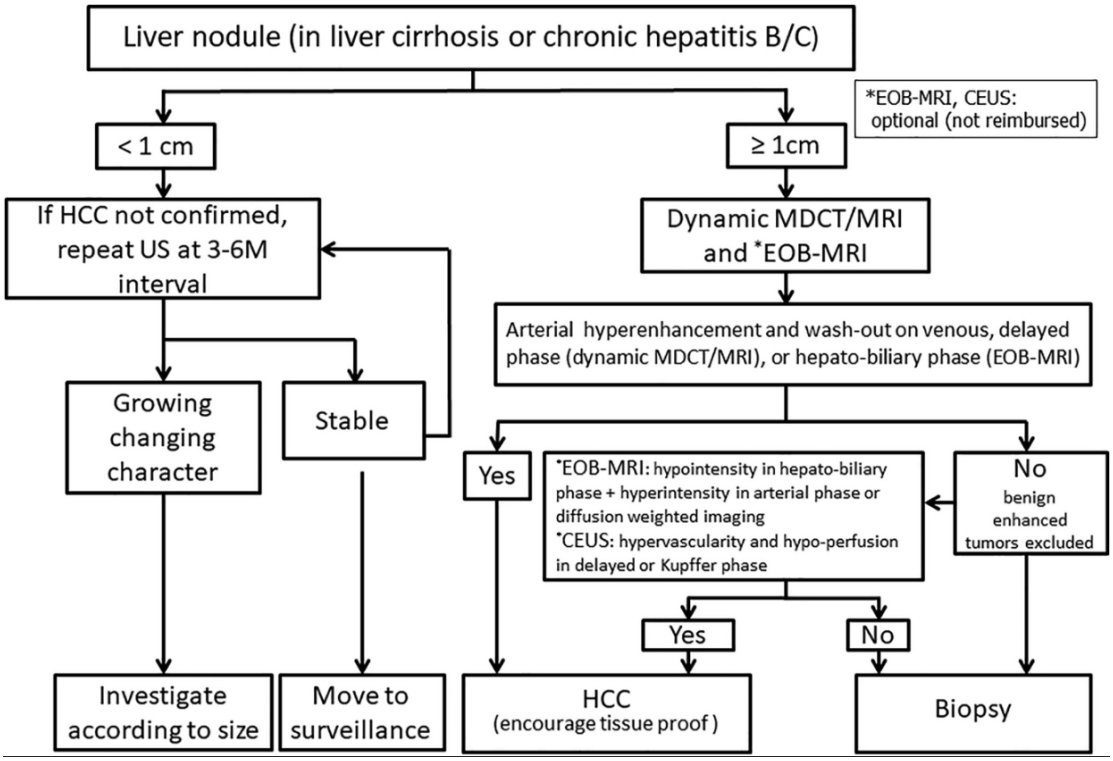
Section 2: Diagnosis

Statement 2–1: Liver nodules > 1 cm should be investigated using dynamic imaging (multidetector CT [MDCT], MRI, CEUS, or EOB-MRI) (A: 100%; E: 2, R: B).

聲明 2-1：
肝臟結節(liver nodule)> 1 cm 應使用動態成像（多排探測器 CT [MDCT]、MRI、CEUS 或 EOB-MRI）進行檢查

Statement 2-2: For nodules > 1 cm in patients with cirrhosis or chronic hepatitis B or C, characteristic vascular patterns on a four-phase CEUS, MDCT, MRI, or EOB-MRI, HCC could be diagnosed without biopsy. However, tissue proof is encouraged (A: 100%; E: 2, R: B).

聲明 2-2：對於肝硬化或慢性 B 型或 C 型肝炎患者的結節> 1 cm，四階段 CEUS、MDCT、MRI 或 EOB-MRI 上的特徵性血管模式，無需活檢即可診斷 HCC。但是，我們鼓勵組織證明。



Statement 2–3: If the biopsy is negative for HCC, patients should be followed up every 3 to 6 months with US, CT, MR, or CEUS up to 2 years until the nodule disappears, enlarges, or displays the diagnostic characteristics of HCC (A: 100%; E: 4, R: C).

聲明 2-3：

如果活體採檢對 HCC 呈陰性，則應每 3 至 6 個月對患者進行一次 US、CT、MR 或 CEUS 追蹤達 2 年，直至結節消失、擴大或顯示 HCC 的診斷特徵。

Statement 2–4: CEUS has superior sensitivity to detect arterial hypervascularity and better demonstration of rapid washout for non-HCC malignancy and very late washout of HCC than dynamic CT or dynamic MRI
(A: 100%; E: 2, R: B).

聲明 2-4：
與動態 CT 或 MRI 相比，CEUS 對檢測動脈血供過多具有更高的敏感度，並且更好地證明了非 HCC 惡性腫瘤的快速清除和 HCC 的非常晚清除

Statement 2–5: EOB-MRI can detect the earliest initial change of HCC, including high-grade dysplastic nodules (HGDNs) and early HCC (A: 100%; E: 2, R, B).

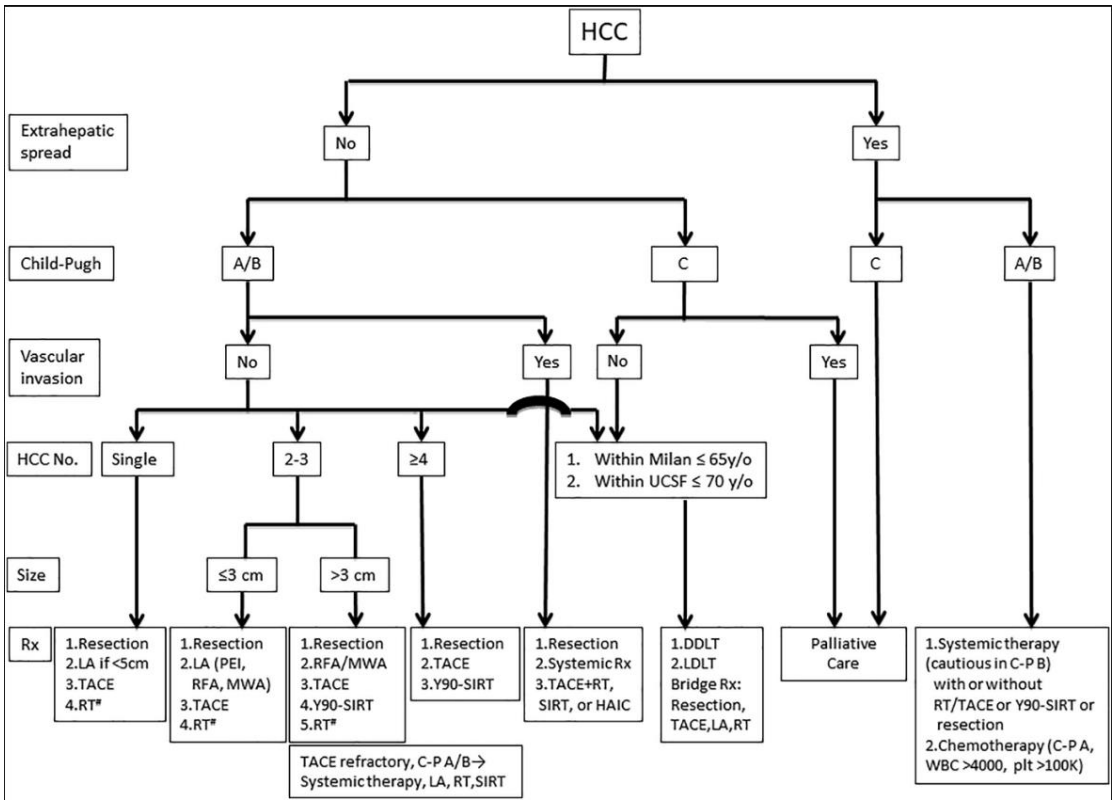
聲明 2-5：EOB-MRI 可以檢測 HCC 的最早初始變化，包括高級別發育異常結節(HGDNs)和早期 HCC。

Statement 2–6: Adding EOB-MRI can improve the evaluation of tumor burden and tumor staging and optimize the therapeutic options and clinical outcome
(A: 100%; E: 2; R: B).

添加 EOB-MRI 可改善腫瘤負荷和腫瘤分期的評估，優化治療方案和臨床結果

Statement 2–7: Combined interpretation of the dynamic and hepatobiliary phases of EOB-MRI with DWI can improve the diagnostic accuracy of MRI in detecting HCC
(A: 100%; E: 2, R: B).

聲明 2-7：
EOB-MRI 的動態期和肝膽期聯合擴散加權成像(Diffuse-Weighted imaging, DWI)可提高 MRI 對 HCC 的診斷準確性



Statement 3–1: Sorafenib combined with TACE can be considered in unresectable HCC, Child–Pugh A liver function, Eastern Cooperative Oncology Group (ECOG) performance status ≤ 1, no vascular invasion, and no extrahepatic spread
(A: 100%; E: 2, R: C).

聲明 3-1：
不可切除的 HCC、Child-Pugh A 肝功能、東方腫瘤合作小組（ECOG）體能狀態≤1、無血管侵犯、無肝外擴散可考慮索拉非尼(sorafenib, 即雷莎瓦)合併經動脈血管化學栓塞治療(TACE)

Statement 3–2: Systemic therapy may be recommended in HCC patients refractory to TACE (A: 100%; E: 2, R: B).

聲明 3-2：
TACE 難治性 HCC 患者可推薦全身治療

Statement 3-3: Sorafenib and lenvatinib are recommended for treatment naïve patients with Child–Pugh A liver function, ECOG performance status ≤ 2, and HCC that is unresectable and not amenable to locoregional therapy
(A: 100%; E: 1, R: A).

聲明 3-3：
索拉非尼(Sorafenib)和樂伐替尼(Lenvatinib)推薦用於治療未接受過 Child–Pugh A 肝功能、ECOG 體能狀態≤2 以及不可切除且不適合局部治療的 HCC 的初治患者

Statement 3–4: Sorafenib may be recommended for selected patients with HCC and Child–Pugh B liver function, whose tumors are unresectable and not amenable to locoregional therapy
(A: 100%; E: 3, R: C).

聲明 3-4：
索拉非尼可推薦用於特定的 HCC 和 Child–Pugh B 肝功能患者，其腫瘤不可切除且不適合局部治療

Statement 3–5: Regorafenib, cabozantinib, and ramucirumab (when AFP ≥ 400 ng/mL) extend survival for patients with HCC and Child–Pugh A liver function, whose tumors are unresectable and not amenable to locoregional therapy after sorafenib progression
(A: 100%; E: 1, R: A).

聲明 3-5：
瑞戈非尼(Regorafenib, 癌瑞格)、卡博替尼(Caozantinib, 癌必定)和雷莫蘆單株抗體(Ramucirumab, 欣銳擇, 當 AFP ≥ 400 ng/mL 時)延長 HCC 和 Child–Pugh A 肝功能患者的生存期，這些患者的腫瘤不可切除且在索拉非尼(Sorafenib)進展後不適合進行局部治療

Statement 3–6: Immunotherapy, such as nivolumab ± ipilimumab and pembrolizumab, can be considered for patients who are intolerant of or have progressed under approved tyrosine kinase inhibitors
(A: 100%; E: 2, R: B).

免疫療法，例如 nivolumab (OPDIVO, 保疾伏) ± ipilimumab(Yervoy, 益伏)和 pembrolizumab (Keytruda, 吉舒達)，可以考慮用於不耐受或在批准的酪氨酸激酶抑製劑下進展的患者

Statement 3–7: Combination therapies, including atezolizumab with bevacizumab, could be used for treating patients with unresectable HCC who have not received prior systemic therapy and do not have a high risk of upper gastrointestinal bleeding
(A: 100%; E: 1, R: A).

聲明 3-7：
聯合治療，包括阿特珠單株抗體(Tecentriq, 癌自癒)和貝伐(Bevacizumab, 癌思停)單株抗體，可用於治療以前未接受過全身治療且上消化道出血風險不高的不可切除 HCC 患者

https://www.sciencedirect.com/science/article/pii/S0929664620305313?via%3Dihub