



Hepatocellular Cancers

《 HCC-1 》

Evaluation high risk of HCC

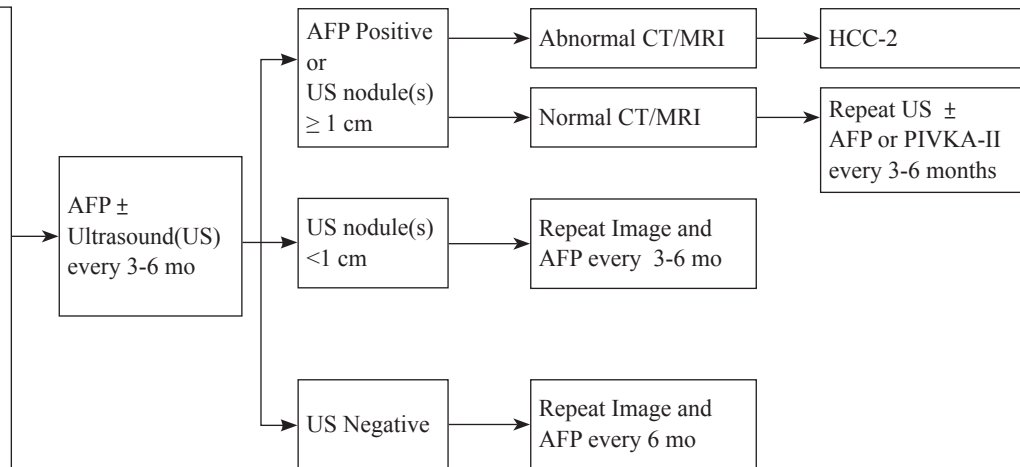
Patient at risk for HCC

*Cirrhosis

- Hepatitis B,C
- Alcohol
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- Genetic hemochromatosis
- Stage 4 primary biliary cirrhosis
- Other causes of cirrhosis

*Without cirrhosis

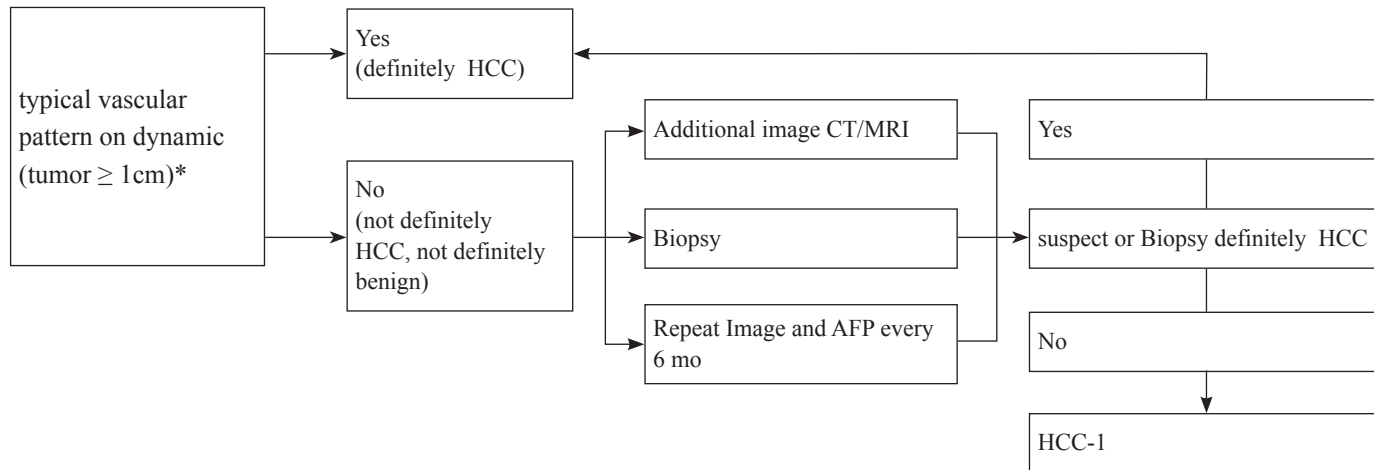
- Hepatitis B,C carriers



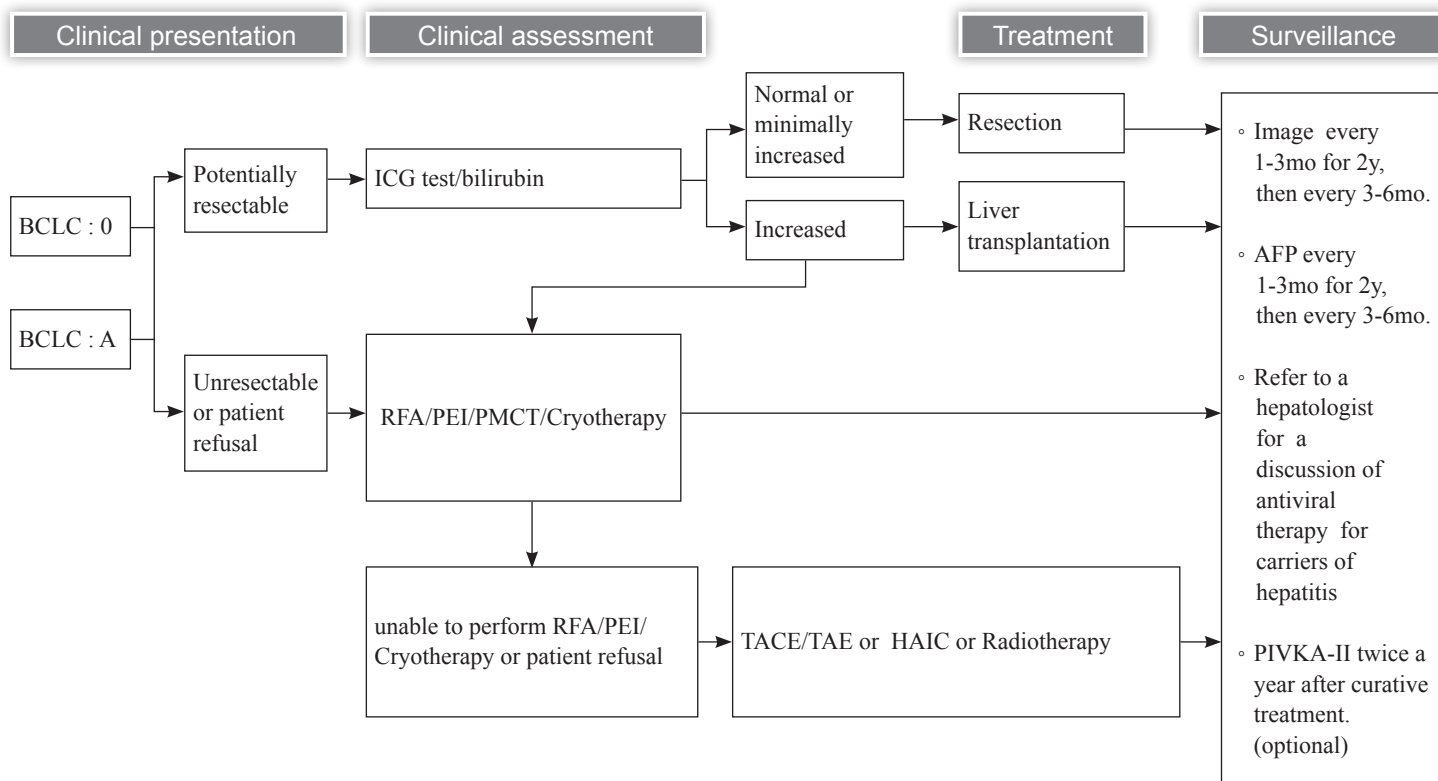
* TLCA 2023 reference suggest Cirrhosis•Hepatitis B,C 可增加用 PIVKA-II 追蹤

《 HCC-2 》

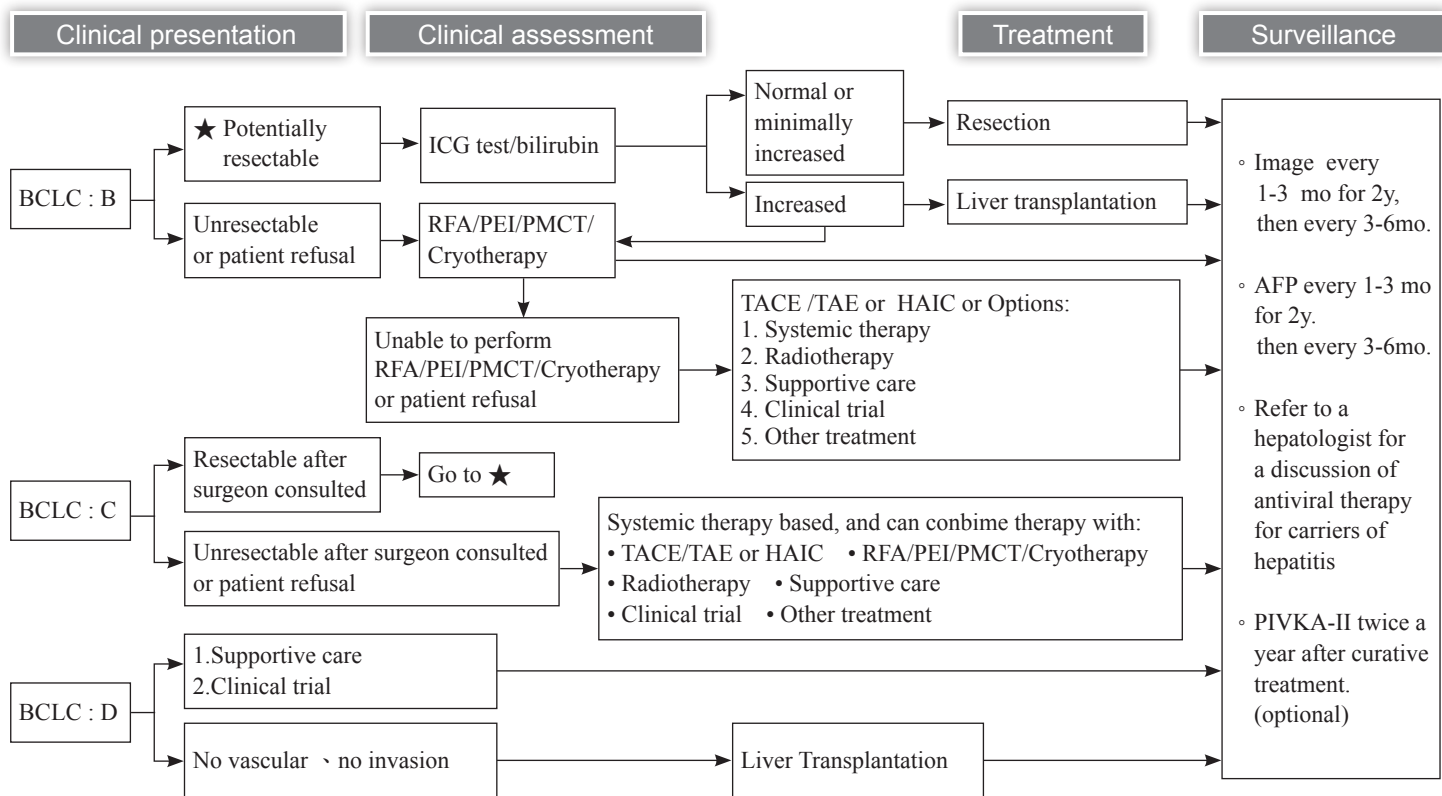
Clinical presentation



*in liver cirrhosis or hepatitis B carriers



《 HCC-4 》



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一、Target Volume:

1. Hepatic lesions
2. Portal vein thrombosis

二、Dose / Fraction:

▲ Conventional treatment :

1. Dose: 30-66Gy
2. Fraction: 10-33Fx

▲ Stereotactic body radiation therapy

1. Dose : Cases where the converted Biologically Effective Dose (BED) exceeds 100 Gy, such as 42–60 GyE in 3 fractions, 27.5–50 GyE in 5 fractions, or 30–54 GyE in 6 fractions
2. Fraction : 3-6fx

▲ Proton therapy

1. 72.6-76 GyE in 20-22Fx or 58.05-67.5 GyE in 15Fx

三、Treatment :

3D-conformal radiation therapy or Intensity-modulated radiation therapy(IMRT) are used, including Volumetric modulated arc therapy(VMAT) and Tomotherapy. Image-guided radiotherapy(IGRT) may be used in clinical settings. Treatment options including Simultaneous integrated boost(SIB) technique.

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