



香港肝癌基金會

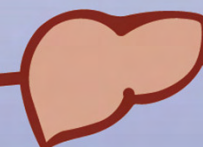
Hong Kong
Liver Cancer Foundation

肝癌治療面面觀

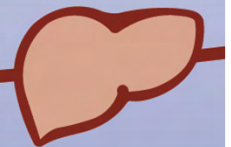
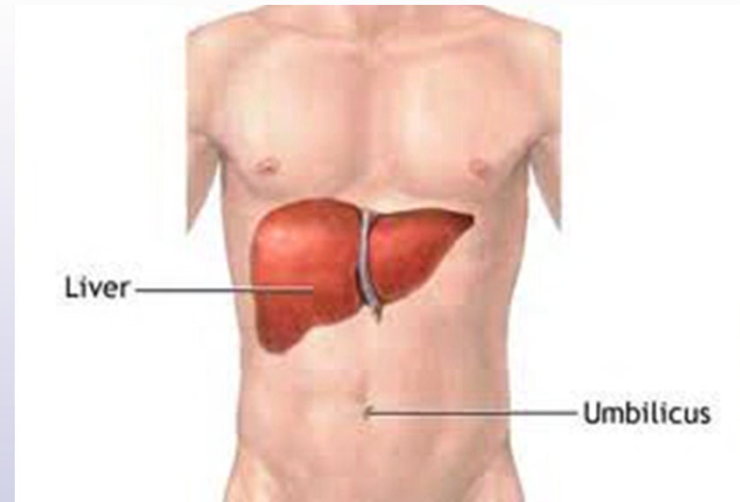
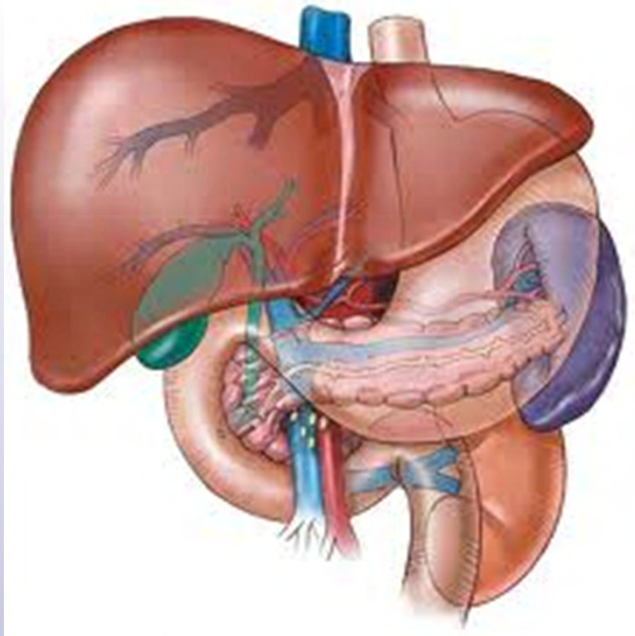
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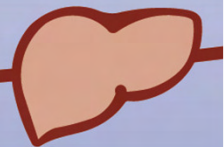


肝臟



肝臟的功能

- 生產及儲存熱量，以備不時之需
 - 進食後，胰臟會釋放出胰島素(**insulin**)，肝臟把血糖(**glucose**)轉化為糖原(**glycogen**)
- 儲存維他命及礦物質(例如銅質及鐵質)
- 製造膽汁 (**bile**)，消化食物脂肪
- 製造蛋白質、血凝素、抗體等
- 具解毒功能，分解身體內的毒素、藥物、廢料和酒精然後排出體外



2000年世界原發性肝癌新症 >750,000



原發性肝癌成因

乙型肝炎病毒

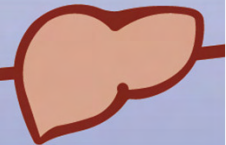
- 慢性乙型肝炎患者患上肝癌的機會比非患者大約高**100**倍

丙型肝炎病毒

- 慢性丙型肝炎患者的機會則高約**150**倍

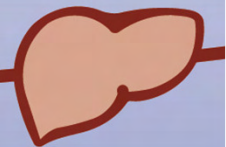
其他肝硬化 (酒精性, 脂肪肝)

黃麴毒素

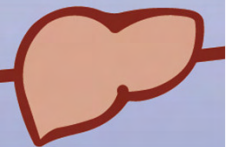
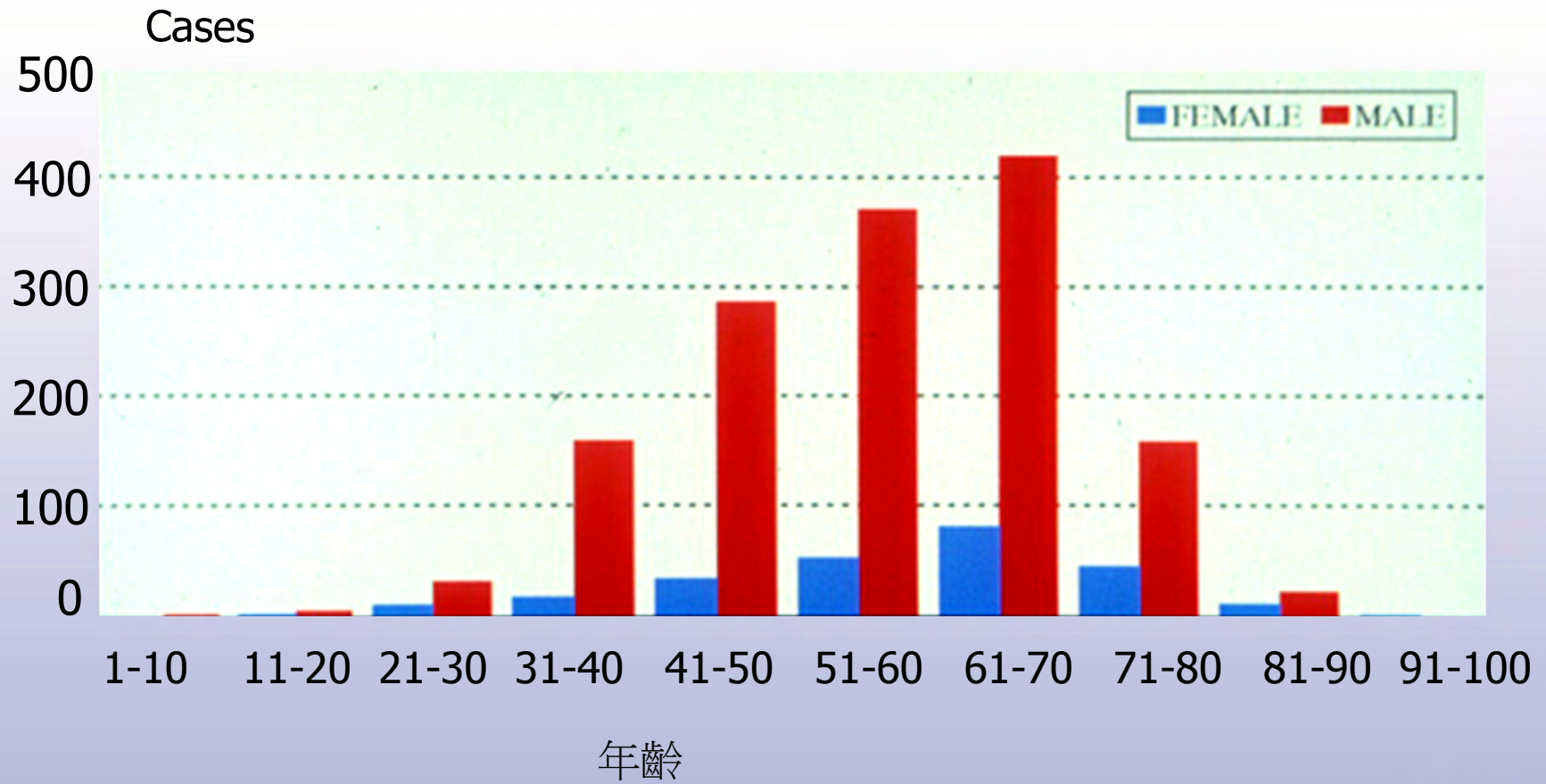


香港肝癌情況

- 肝癌是本港第三號癌症殺手
- 每年約有**1,700**宗肝癌新病例
- 男女病人比例為**4比1**
- 乙型肝炎病毒是引致肝癌的主要成因 (**80%**)
- 本港約**8%**的人口是乙型肝炎病毒攜帶者



肝癌的發病年齡

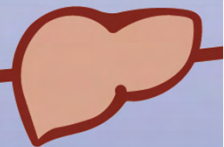


肝癌症狀

患者病發初期無任何徵兆

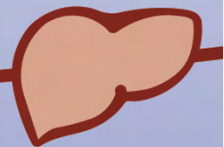
當出現不適，腫瘤多發展至中晚期

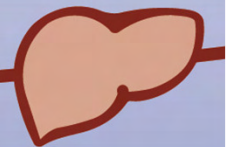
- 上腹痛
- 腹脹
- 消瘦, 食慾不振
- 黃疸

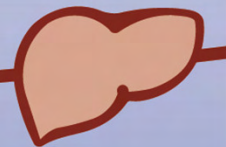
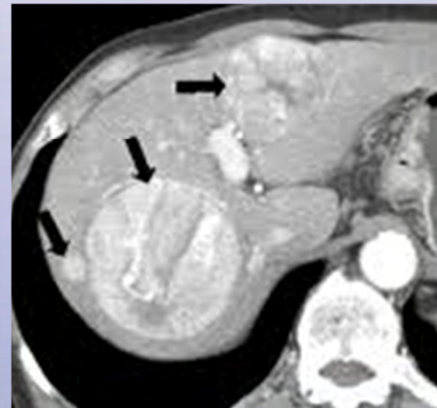
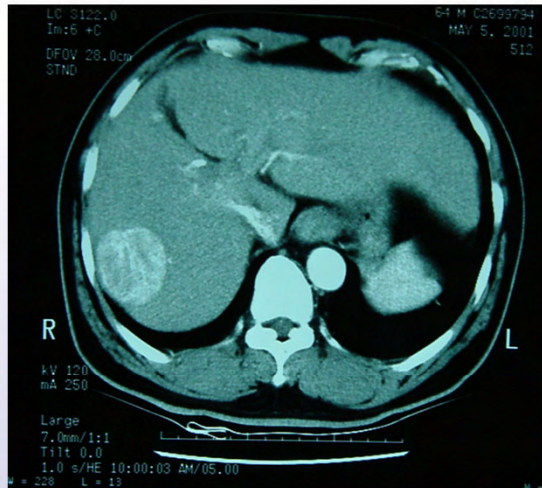
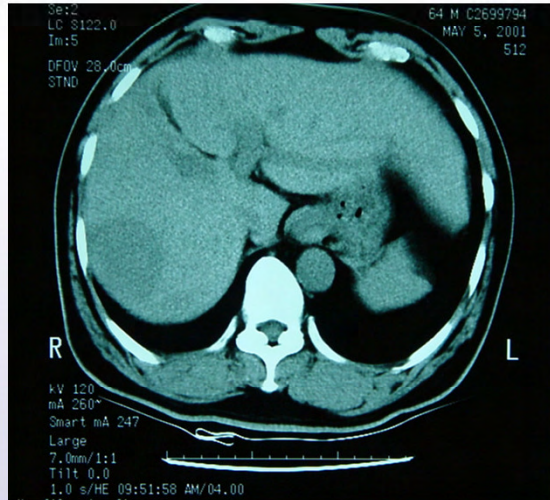


肝癌診斷

- 驗血 - 肝功能, 甲胎蛋白 (70%)
- 超聲波
- 電腦掃描
- 磁力共振
- 正電子掃描



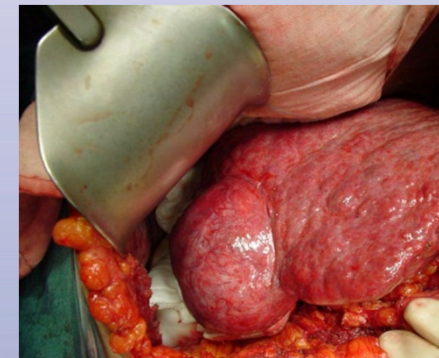
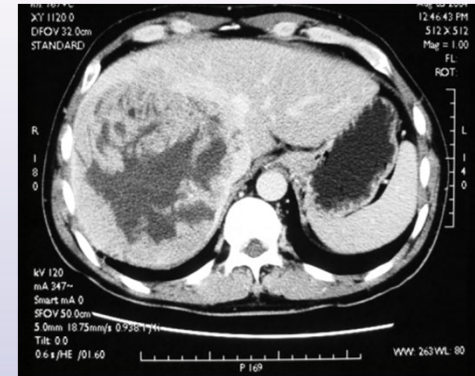




肝癌治療的挑戰

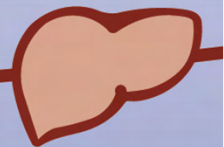
肝癌病人同時患有兩種疾病

- 肝癌的侵略性很高
 - 傾向入侵血管
 - 能迅速生長
- 八成肝癌病人伴有肝硬化
 - 肝功能差
 - 多中心腫瘤



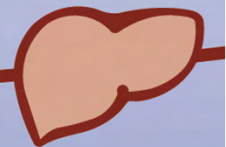
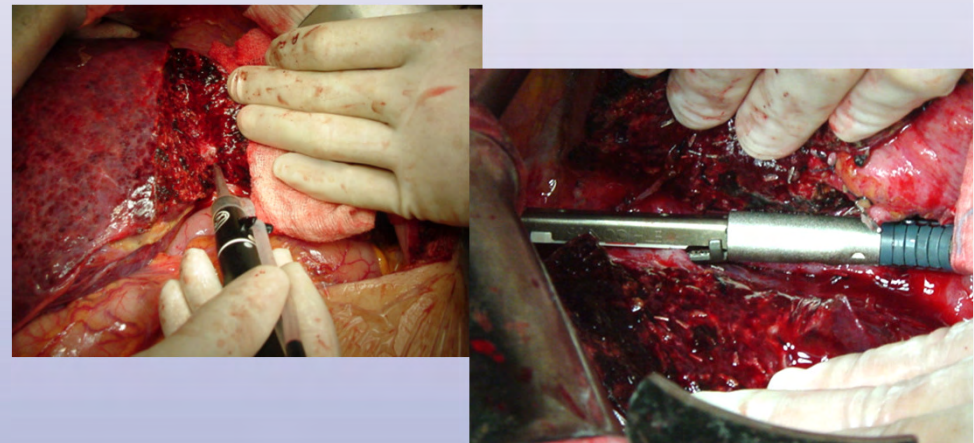
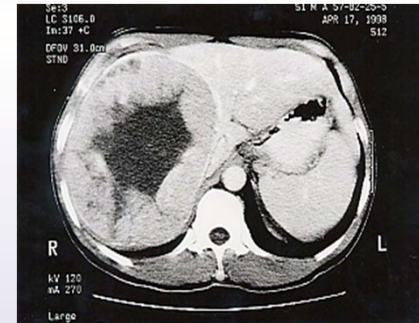
肝癌的治療方法

- 肝臟切除
 - 肝臟移植
 - 消融治療
- } 痊癒性治療
- 經動脈化療栓塞
/ 電療栓塞
- } 姑息性治療
- 系統性治療



肝臟切除 指徵

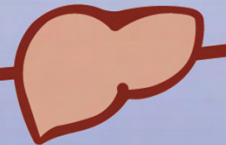
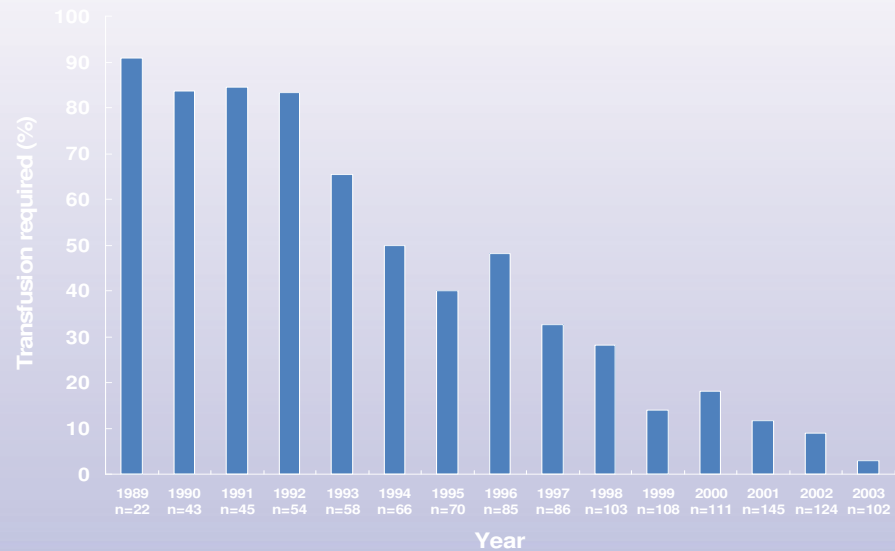
- 條件
 - 腫瘤限於肝臟，沒有侵犯主門靜脈
 - 肝功能良好
- 大腫瘤, 多發性腫瘤
亦可用手術切除



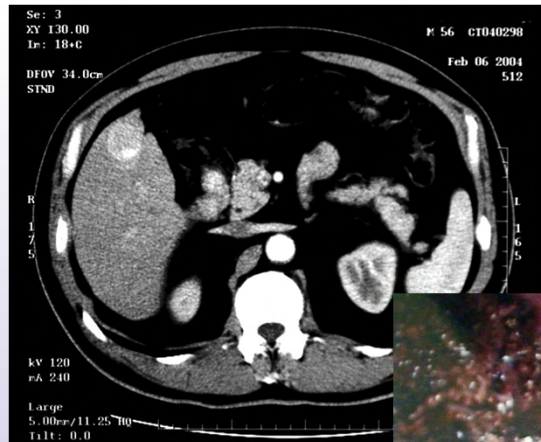
肝臟切除

手術死亡率和併發症發生率

- 1989年至2003年期間，瑪麗醫院共進行了1222宗肝癌切除手術
- 手術死亡率 < 2%
- 術後出血、膽漏 < 5%
- 肝功能衰竭 < 4%
- 輸血率 < 10%



腹腔鏡肝臟切除



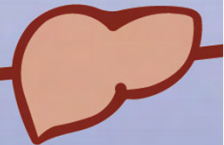
減少術後痛楚
縮短住院時間
較快恢復正常活動



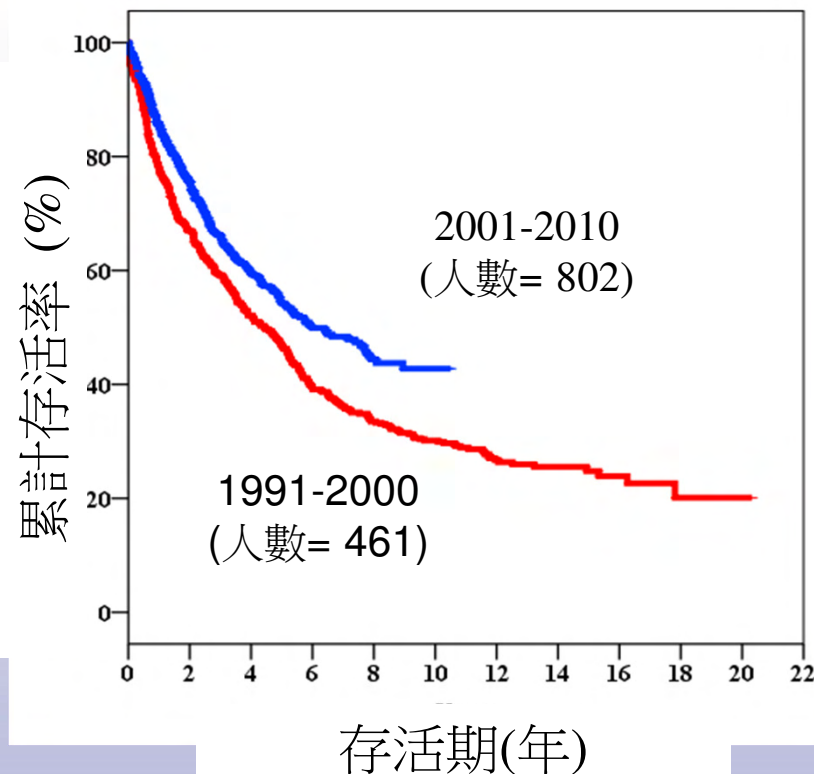
腹腔鏡肝臟切除 最近結果

- 8個非隨機研究的綜合分析 (165例腹腔鏡肝臟切除 比 244例開腹肝臟切除):
 - 腹腔鏡肝臟切除，失血及住院時間較少
 - 腫瘤清除方面，兩組並沒有差別

Simillis et al. Surgery 2007



接受手術切除的肝癌患者的存活期



存活期中位數由**53個月(1991-2000年)**增加至 **72個月(2000-2010年)**

5年存活率: > 55% (2000-10)

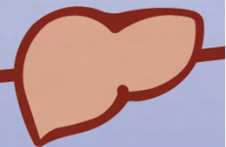
改善存活率的兩個因素

- 減少手術期間輸血
- 透過定期檢測，盡早發現

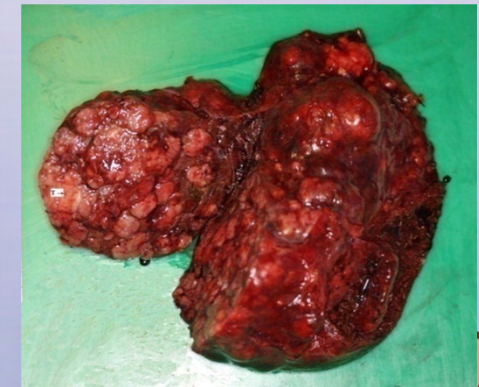
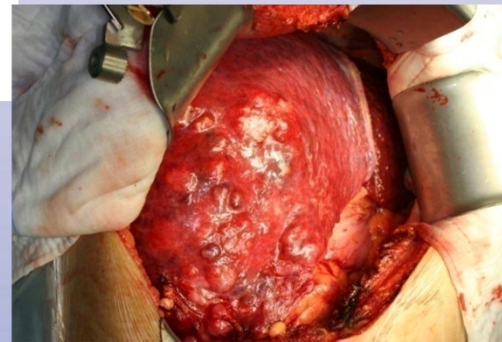
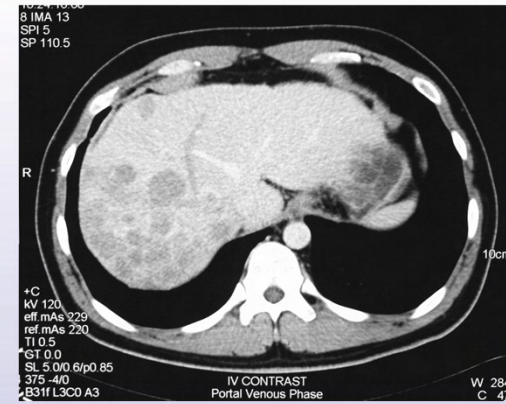
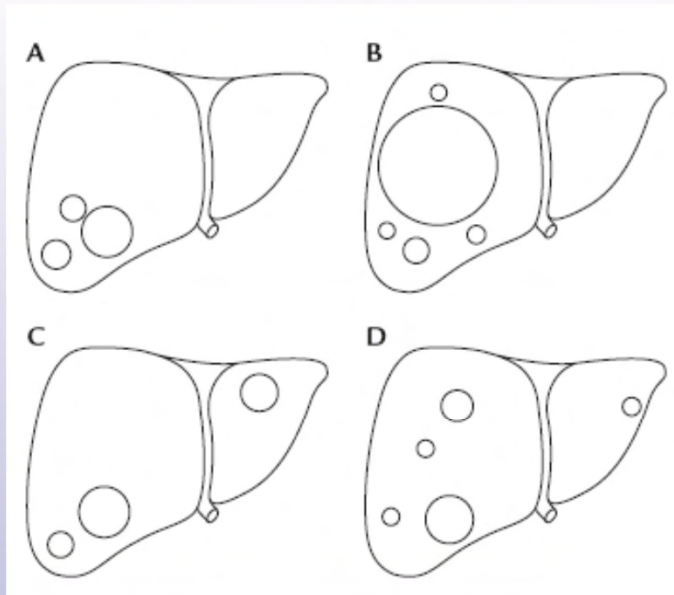
小肝癌和大肝癌切除後的預後

	<5 cm肝癌 (n = 109)	> 5 cm肝癌 (n = 192)
1-年	87.4%	65.9%
3-年	76.5%	40.7%
5-年	61.0%	32.5%

Poon, J Clin Oncol 2000

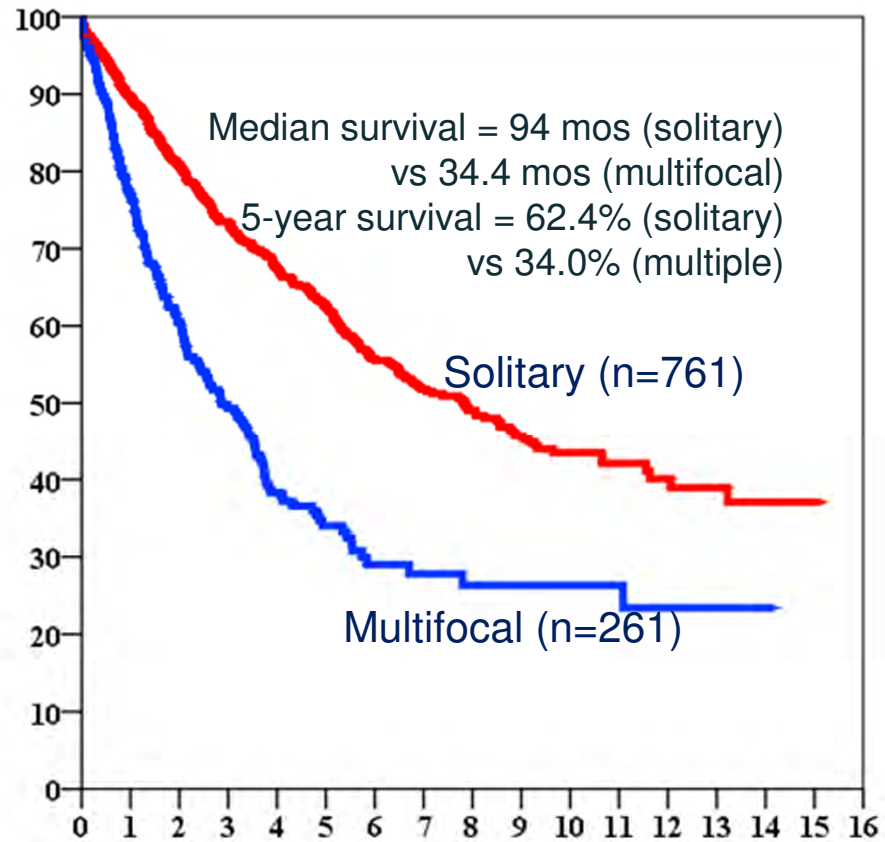


多發性肝癌肝切除

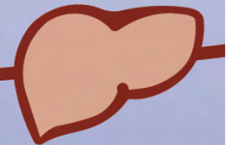


多發性肝癌肝切除

Cumulative survival (%)

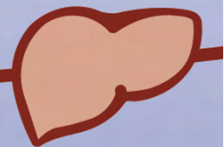


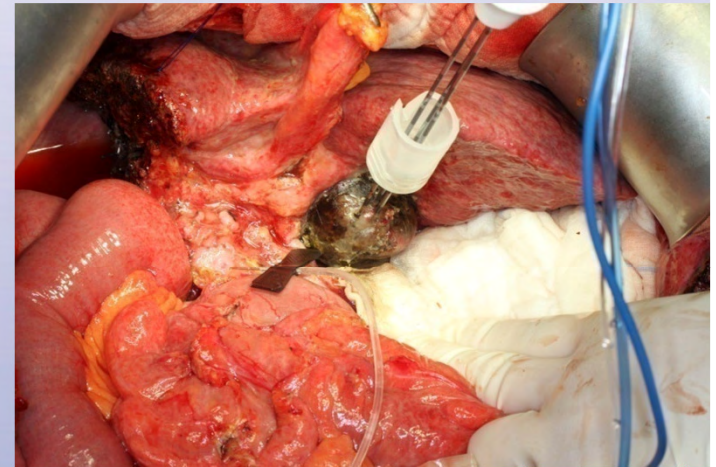
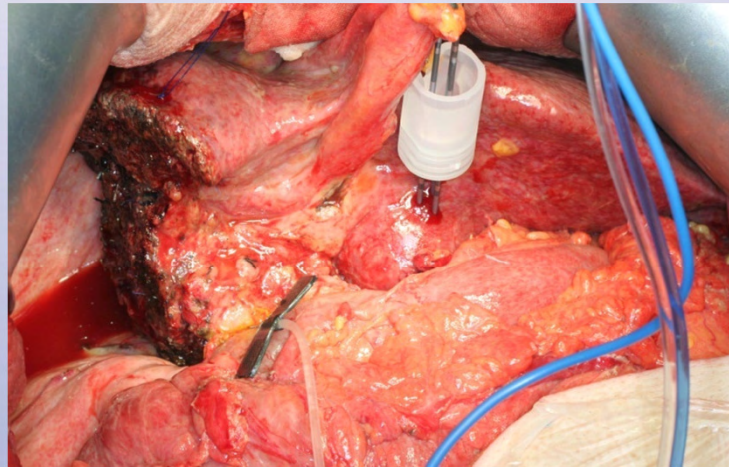
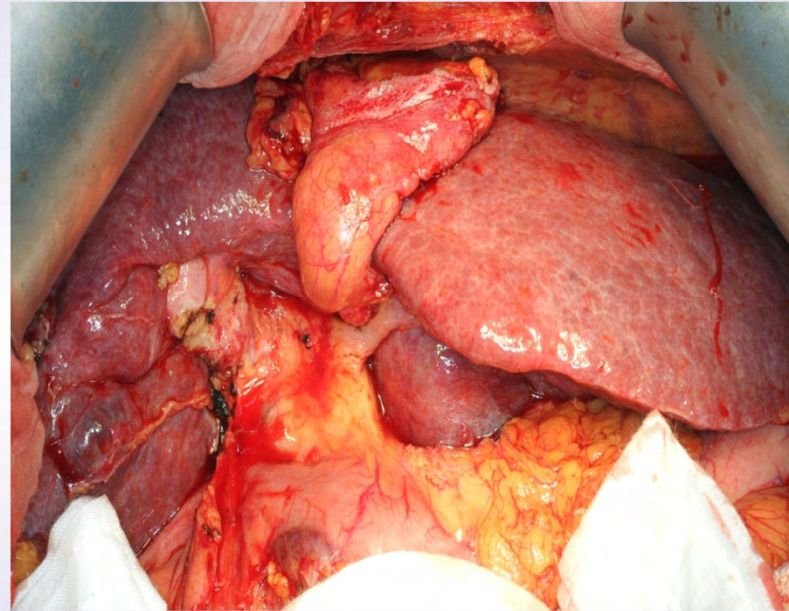
Survival time (years)



手術切除結合消融治療多發性肝癌

- 雙葉多發性腫瘤 – 手術切除主要腫瘤, 消融其他細腫瘤
- 多腫瘤伴有肝硬化及肝功能儲備不足(切除周邊緣腫瘤, 消融中央位置腫瘤)

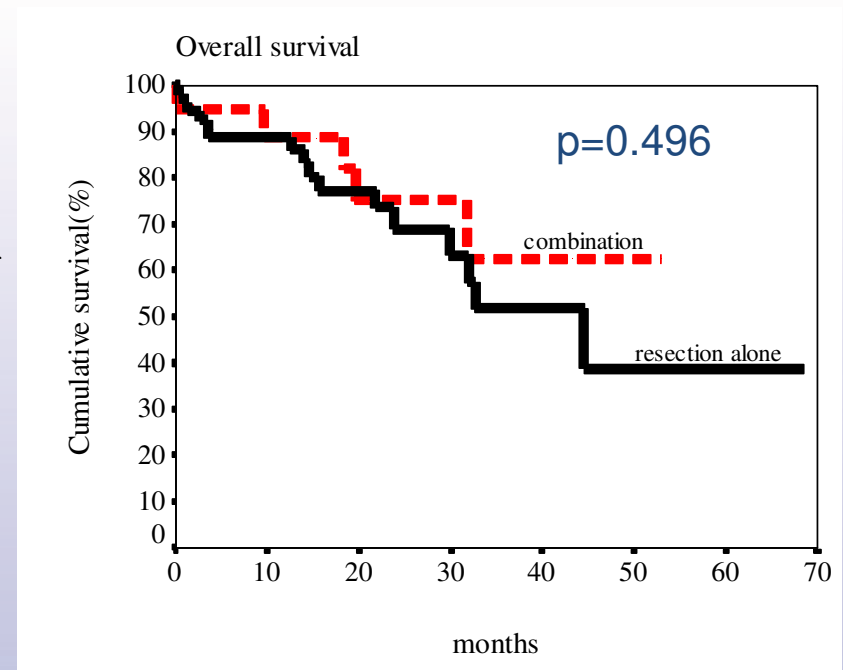




整體存活率

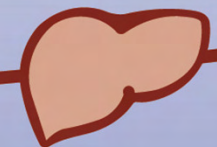
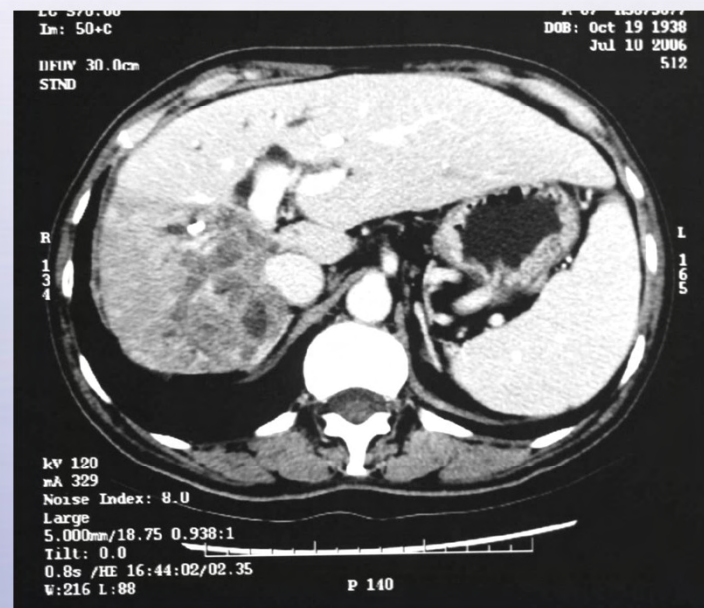
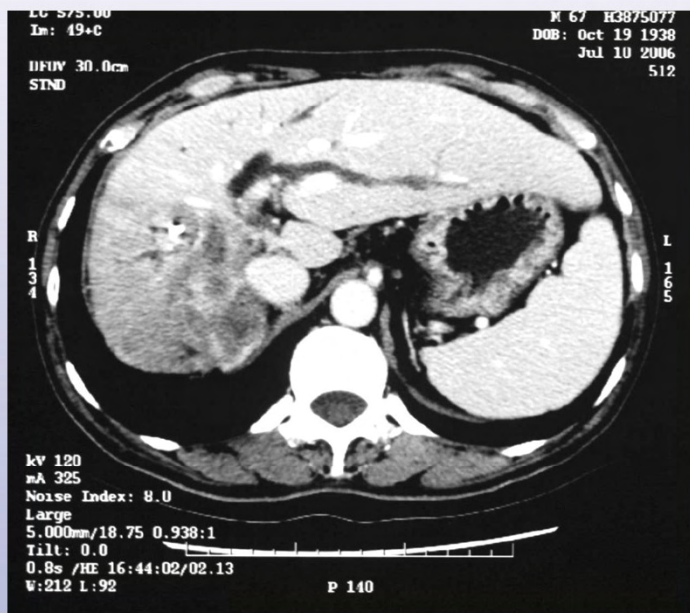
手術切除結合消融(n=19) vs. 單一手術切除(n=54)

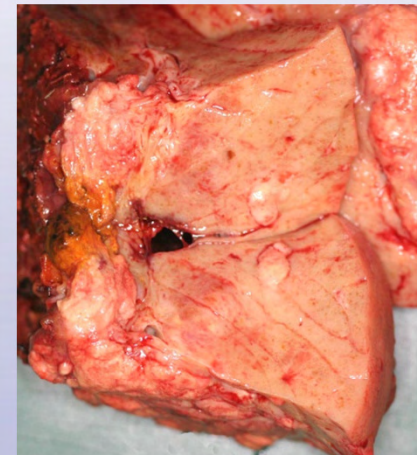
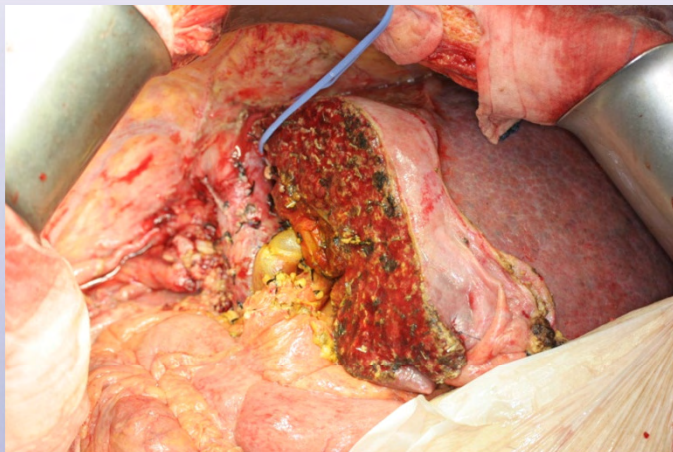
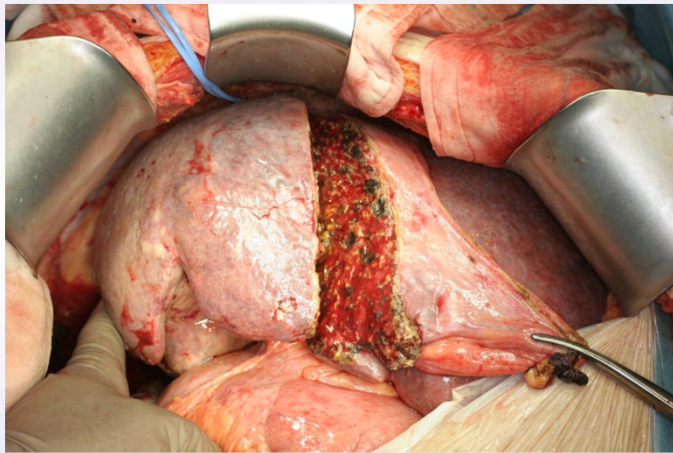
- 兩組均沒有因治療導致死亡病例
- 生存中位數:
53.0 vs. 44.5 月
- 整體存活率:
3-年 63% vs. 52%



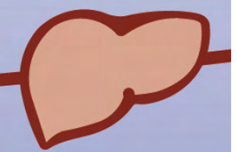
肝癌侵犯門靜脈

男/67歲, 乙型肝炎攜帶者, 右邊肝臟腫瘤並侵犯右邊門靜脈及膽管



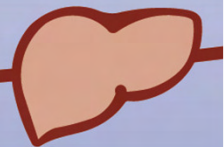


右肝加膽管切除 2006
12/2011 - CT 無復發



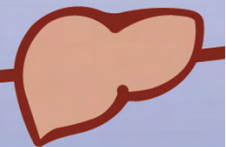
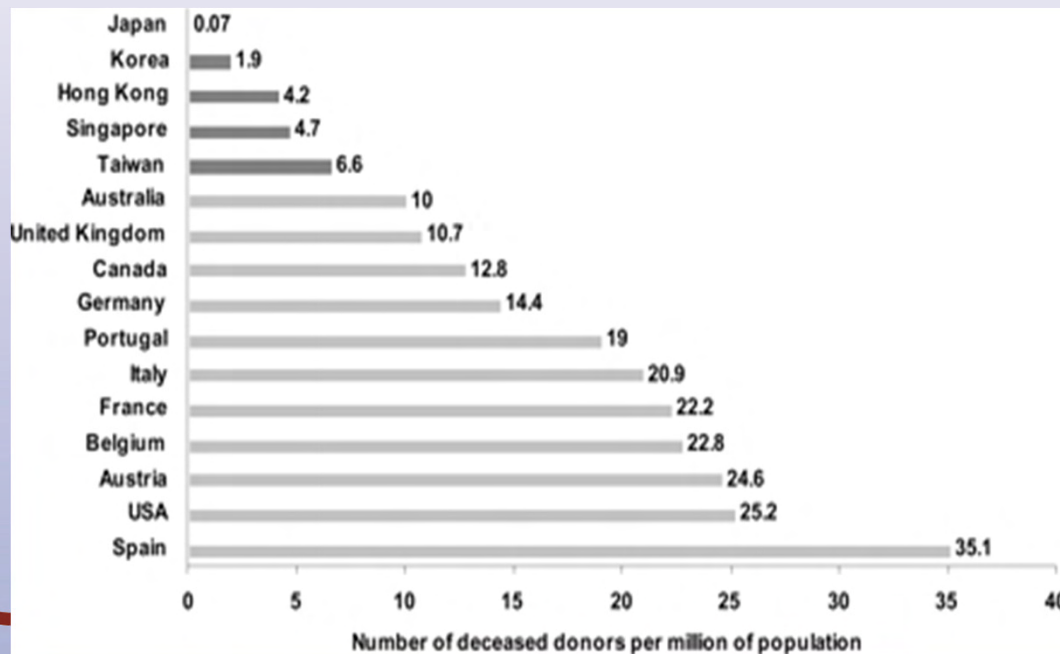
肝臟移植 標準指症

- 單一腫瘤 ≤ 5 cm 或 ≤ 3 腫瘤 ≤ 3 cm
- 沒有肝外轉移
- 沒有侵犯肝門靜脈
- 小肝癌及嚴重肝硬化的最佳痊癒性治療方法

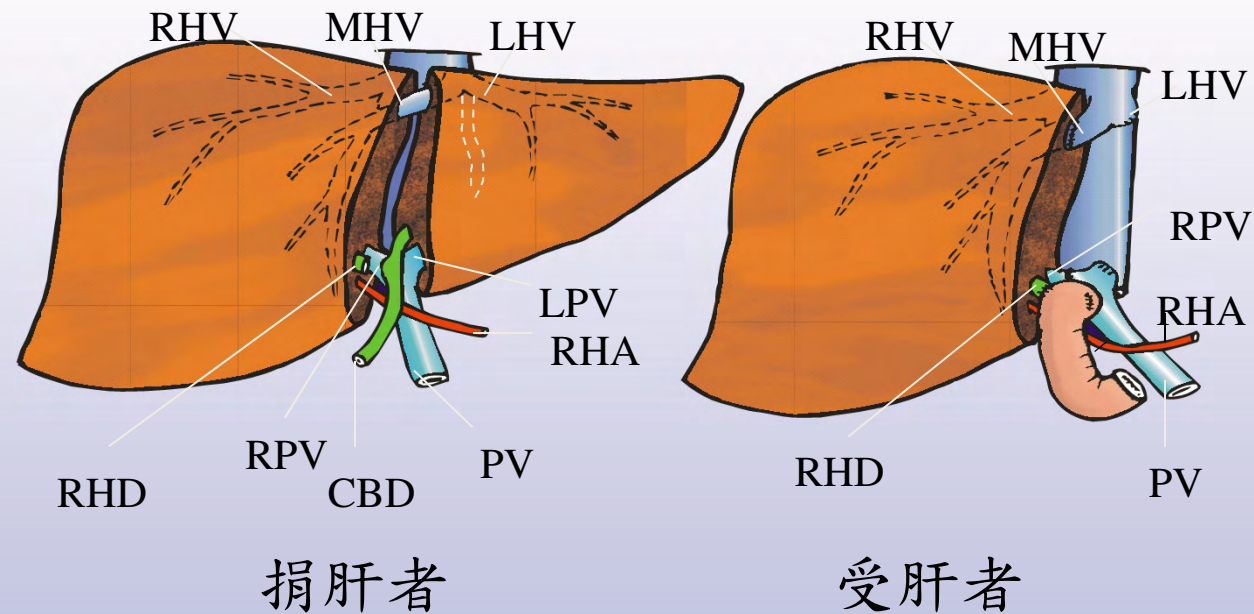


肝臟移植的局限

- 移植肝短缺
- 僅限於早期肝癌 - 晚期肝癌病人接受移植後，復發率較高

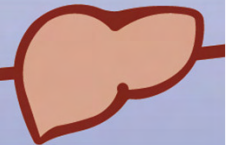


活體肝臟移植



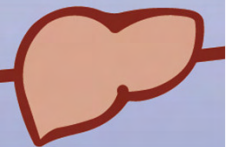
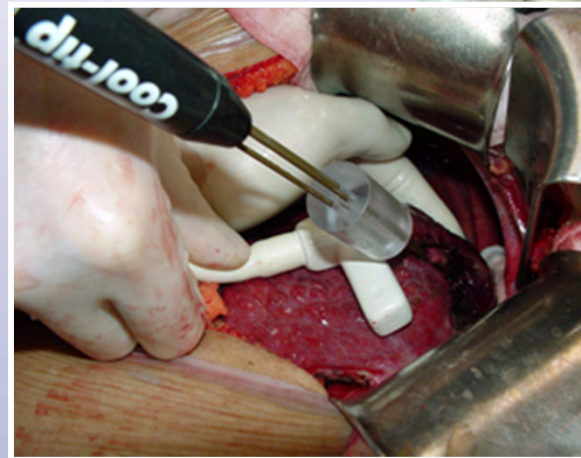
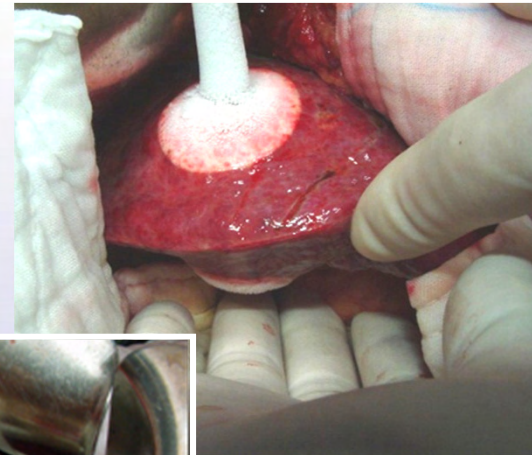
1995年, 瑪麗醫院進行全球首宗活體右肝移植

捐肝者的風險: 死亡率: 0.5%, 併發症發生率: 20%



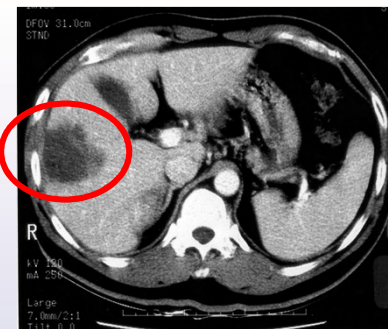
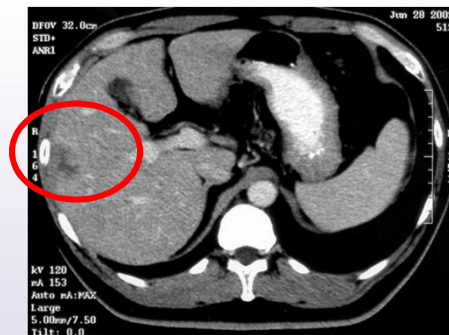
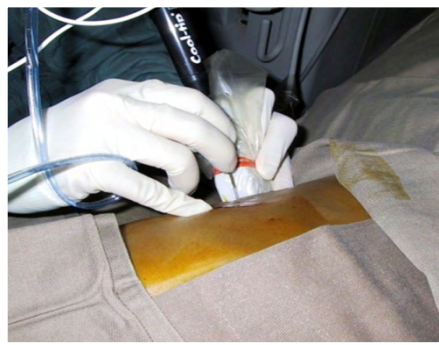
消融治療

- 酒精療法
- 冷凍療法
- 熱消融療法
 - 射頻消融
 - 微波
 - 高強度聚焦超聲

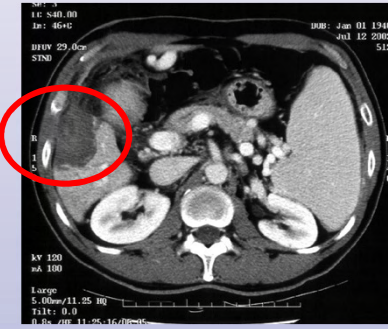
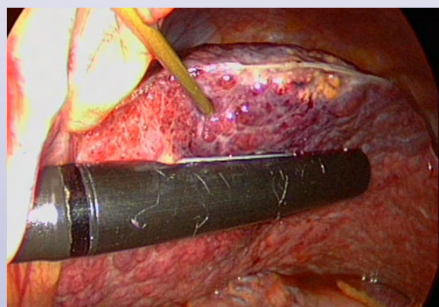


射頻消融的方式

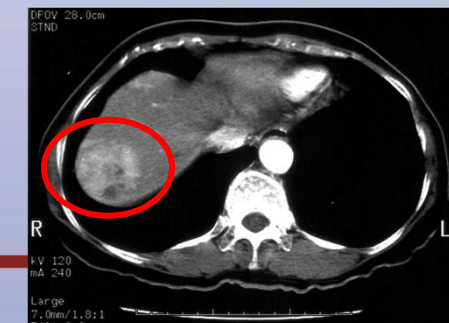
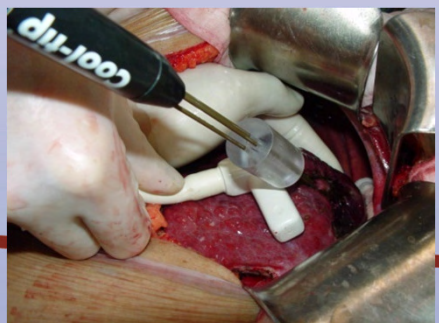
經皮



腹腔鏡



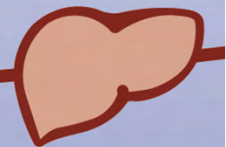
開腹



射頻消融的安全

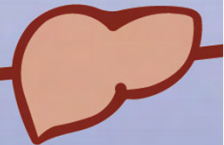
- 就**3670**例肝癌病人接受射頻消融進行分析
 - 整體死亡率 **0.5%**
 - 整體併發症發生率 **9%**

Mulier et al. Br J Surg 2002



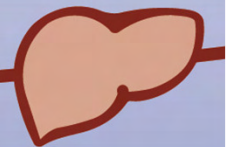
射頻消融 比 酒精療法

- 前瞻性隨機臨床研究，**157**例肝癌小於**4**厘米的病人接受射頻消融或酒精療法
- 射頻消融組別：
 - 治療次數較少
 - 腫瘤完全壞死率較高 (96% vs. 88%)
 - 腫瘤惡化率較低 (3年 18% vs. 45%)
 - 整體存活率較高 (3年 74% vs. 50%)



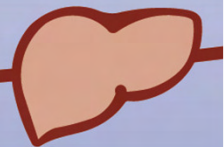
小肝癌施行射頻消融的長期結果

臨床研究	病人數目	平均跟進時間(月)	5年存活率
Buscarini 2001	88	34	33%
Lencioni 2005	187	24	48%
Machi 2005	65	24.8	40%
Cabassa 2006	59	24.1	43%
Choi 2007	570	30.7	58%
Ng 2008	207	26	42%

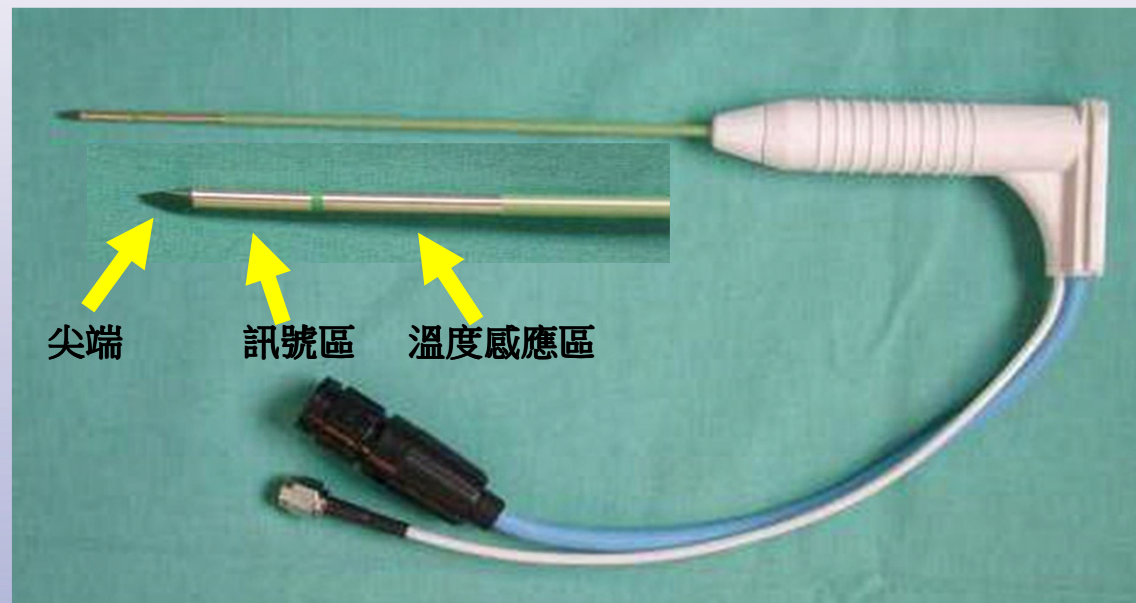


目前施行射頻消融的指徵

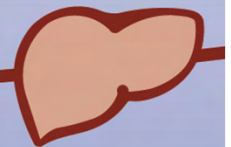
- 新確診但不能手術切除小於5-7厘米的肝癌
- 復發性肝癌
- 肝臟移植前的治療

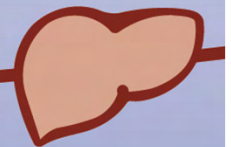


新型微波消融系統



最近獲美國食物及藥物管理局(FDA)批准, 為亞洲首套新型微波消融系統



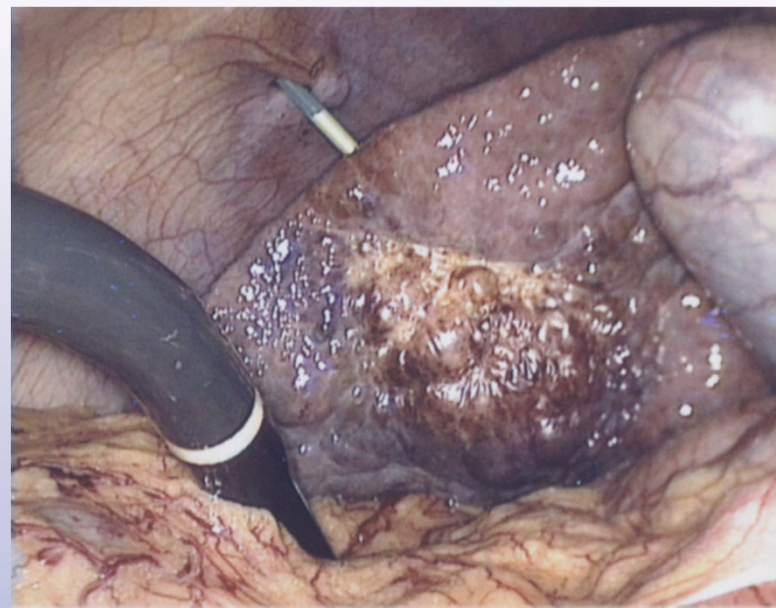


腹腔鏡微波消融

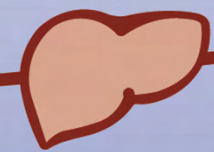
開始



7分鐘後



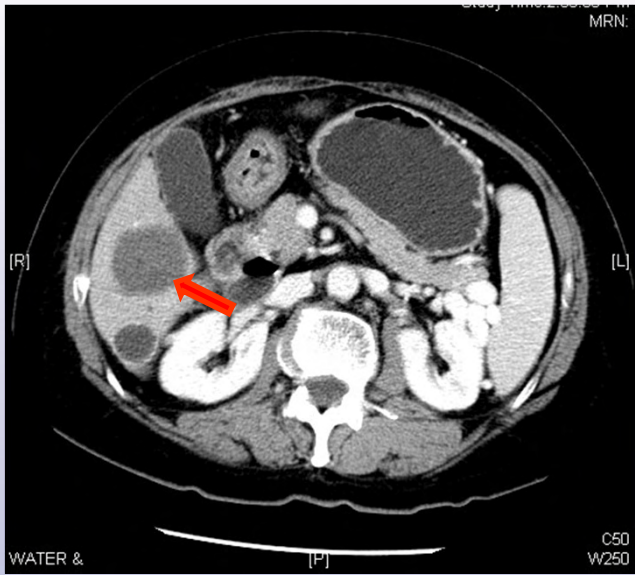
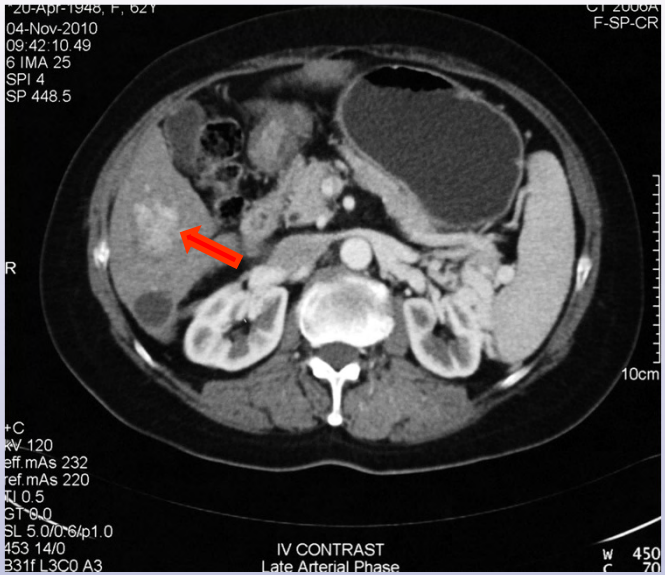
微波消融時間: 16分鐘



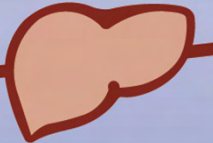
腹腔鏡微波消融

微波消融前

一個月後



腫瘤完全消融



高強度聚焦超聲(HIFU)－非入侵性治療

