

# A case report of hepatocellular carcinoma achieving pathological complete remission after combined therapy

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## Abstract

Background: Hepatocellular carcinoma (HCC) is the fifth most common malignancy in the world and the fourth leading cause of death. In recent years, TACE, TKIs, and ICIs have gradually become the preferred treatments with the exploration of advanced HCC treatment is changing day by day. Case: A 67-year-old man presented with HCC: CT findings suggested that the tumour was located in the left lobe of the liver with embolization of the left branch of the portal vein and the main trunk, and the patient was evaluated as HCC stage BCLC-C, CNLC stage IIIa, and Child-Pugh grade A. The patient was in such condition that surgery was not possible for the time being, so the decision was made to implement TKIs (sorafenib, Bayer, Germany) + ICIs (carrilizumab, Hengrui, Jiangsu) on the basis of TACE, while taking into account both antiviral therapy and liver function protection. After 3 times of TACE and more than 3 months of comprehensive treatment, the criteria for surgical resection were met and left hemicolectomy + portal vein exploration + cholecystectomy was performed. Finally, the postoperative pathology suggested extensive necrosis of the liver tissue, and no living cancer cells were found in the mass or in the cancer embolus. From this it can be seen that for patients with HCC that cannot be treated surgically at first diagnosis, translational therapy is particularly important. Conclusion: Targeted therapy, immunotherapy or combination therapy as adjuvant therapy to improve response rates to chemotherapy, TACE and radiotherapy, reducing the stage of unresectable HCC and giving patients access to surgery will benefit many patients with intermediate and even advanced HCC.

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