
Liver cancer

Summary

- The liver will function normally with only a small portion of it in working order.
 - Most liver cancers are secondary liver cancers, meaning a cancer that starts somewhere else in the body and spreads to the liver.
 - Primary liver cancers are the least common cancers in Victoria.
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The liver is the largest organ inside the body and it does many important jobs, including breaking down drugs and alcohol, getting rid of toxins, producing bile which is used to help digest food, storing nutrients and releasing glucose. Unlike other internal organs a healthy liver can usually repair itself if injured. Read more about the **liver** and how it works.

Liver cancer begins when cells inside the liver change and grow out of control. Liver cancer can be a primary cancer, meaning the cancer started in the liver, or a secondary cancer, meaning the cancer started in another part of the body and spread to the liver.

Secondary cancer in the liver is much more common than primary liver cancer in Australia. Each year in Australia, about 1,900 people are diagnosed with primary liver cancer. Almost three times more men are affected than women.

Signs and symptoms of liver cancer

Liver cancer often doesn't cause any symptoms in the early stages, but they may appear as the cancer grows or spreads. There are several possible symptoms:

- weakness and tiredness (fatigue)
- pain in the abdomen, or in the right shoulder
- appetite loss and feeling sick (nausea)
- unexplained weight loss
- yellowing of the skin and eyes (jaundice)
- dark urine and pale bowel motions
- itchy skin
- a swollen abdomen caused by fluid build-up (ascites)
- fever.

Not everyone with these symptoms has liver cancer. If you have any of these symptoms or are worried, always see your doctor.

Risk factors for liver cancer

There are some things that can make you more likely to develop primary liver cancer. These are called risk factors and they include long-term infection with the hepatitis B or C virus, smoking and liver scarring, known as cirrhosis.

Cirrhosis may develop slowly over months or years. These are some of the things that can cause cirrhosis:

- hepatitis B or C
 - fatty liver disease
 - alcohol consumption
 - type 2 diabetes
 - genetic disorders such as iron overload (haemochromatosis) or low levels of a particular protein that can
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cause tissue in the lungs and liver to break down (alpha-1 antitrypsin deficiency).

Having these risk factors doesn't mean you will develop primary liver cancer. Sometimes there is no clear reason for getting primary liver cancer. If you are worried about your risk factors, ask your doctor for advice.

Tests for liver cancer

Your doctor may do some tests to check for liver cancer:

- blood tests – to check your general health and look for certain chemicals that can indicate primary liver cancer
- ultrasound – a scan on the outside of your abdomen to check your liver
- CT scan – a scan that uses x-rays to take pictures of the inside of the body
- MRI scan – a scan that uses magnetism and radio waves to take pictures of the inside of the body
- biopsy – a small piece of liver tissue is removed and checked for cancer cells
- laparoscopy – a small cut in the lower abdomen is made. This allows a tiny viewing instrument called a laparoscope to be inserted to look at the liver and take a sample of liver tissue.

If the tests show that you have secondary cancer in the liver, you may need further tests to find out where the cancer started.

Types of liver cancer

The main type of primary liver cancer that can affect adults is hepatocellular carcinoma (HCC). HCC starts in the hepatocytes, the main type of cell in the liver, and is also known as hepatoma.

HCC is the most common type of primary liver cancer, but there are other less common types:

- cholangiocarcinoma, also known as bile duct cancer, can start in the bile ducts that connect the liver to the bowel and gall bladder
- angiosarcoma is a very rare type of liver cancer that starts in the blood vessels
- hepatoblastoma is a form of liver cancer that affects only young children and is also very rare.

Stages and grades of liver cancer

Stages and grades of cancer describe how far it has spread and how quickly it is growing.

Stages

The stage of a cancer means how far it has grown in your body. The most common way doctors decide on a stage for primary liver cancer is using the Barcelona Clinic Liver Cancer (BCLC) system. The categories are based on how well you can carry out daily tasks, what the tumour is like and how well the liver is working.

- Category 0 describes very early liver cancer.
- Category A describes early liver cancer.
- Category B describes intermediate liver cancer.
- Category C describes advanced liver cancer.
- Category D describes end-stage liver cancer.

Your doctor will also consider how well the liver is working based on the level of damage caused by cirrhosis and record this using the Child-Pugh score:

- Score A indicates that the liver is working well, and cirrhosis is less advanced.
- Score B indicates that the liver is working moderately well.
- Score C indicates that the liver is not working well, and cirrhosis is advanced.

Ask your doctor or nurse for more information about the stage of your cancer. You can also read more from Cancer Council about [liver cancer staging](#).

Grades

The grade of the cancer means how quickly a cancer might grow. Knowing the grade helps your doctor work out

the best treatment plan for you.

Prognosis and survival rates for liver cancer

When someone is diagnosed with liver cancer, their doctor will give them a 'prognosis'. A prognosis is the doctor's opinion of how likely it is that the cancer will spread, and the chances of getting better. A prognosis depends on the type and stage of cancer, as well as the person's age and general health.

If you have liver cancer, your doctor will talk to you about your individual situation when working out your prognosis. Every person's experience is different and there is support available to you.

Treatment for liver cancer

Treatment for liver cancer will depend on whether it is a primary or secondary cancer. Treatment also depends on the size of the cancer, whether it is contained in one part of the liver, whether major blood vessels are involved and whether you have cirrhosis. Your doctor will also consider your age, your general health and the options available at your hospital.

You might feel confused or unsure about your treatment options and decisions. It's okay to ask your treatment team to explain the information to you more than once. It's often okay to take some time to think about your decisions.

Surgery

The aim of surgery is to remove the part of the liver that contains cancer. This is known as a liver resection or partial hepatectomy. There are different types of liver resections depending on the size and position of the cancer.

After the surgery, the portion of the liver that remains will start to grow, even if up to three-quarters of it has been removed. The liver will usually regrow to its normal size within a few months, although its shape may be slightly changed.

Liver transplant

A transplant involves removing the whole liver and replacing it with a healthy liver from another person (a donor). To be considered for a liver transplant you need to be reasonably fit, not smoke or take illegal drugs, and have stopped drinking alcohol for at least six months.

Donor livers are rare and waiting for a suitable liver may take many months. During this time, the cancer may continue to grow. As a result, most people will have other treatment during this time to control the cancer while they wait for a donor.

Tumour ablation

For tumours smaller than 3 cm, you may be offered tumour ablation. This destroys the tumour without removing it and may be the best option if you cannot have surgery or are waiting for a transplant. Ablation can be done in different ways, depending on the size, location and shape of the tumour. There are several types of tumour ablation:

- alcohol injection – this involves injecting pure alcohol into the tumour. It isn't available at all hospitals but is used occasionally if other forms of ablation aren't possible
- cryotherapy – also known as cryosurgery, cryotherapy kills cancer cells by freezing them. This treatment is not widely available but is offered occasionally
- thermal ablation – this uses heat to destroy a tumour. The heat may come from radio waves (radiofrequency ablation) or microwaves (microwave ablation).

Chemotherapy and transarterial chemoembolisation (TACE)

Chemotherapy is the use of drugs to kill or damage cancer cells. Traditional chemotherapy may be used to treat secondary cancer in liver, but traditional chemotherapy is rarely used for primary liver cancer. Instead transarterial chemoembolisation, or TACE, delivers high doses of chemotherapy directly to the tumour. It is usually used for people who can't have surgery or are waiting for a liver transplant.

Radiation therapy

Radiation therapy is not often used to treat liver cancer. Selective internal radiation therapy (SIRT) and stereotactic body radiation therapy (SBRT) may be offered in specific cases.

Targeted therapy medication

People who have advanced liver cancer or are on a clinical trial may be offered a targeted therapy medication. These medications attack the specific parts of cancer cells that allow cancer to grow. The medication sorafenib is the first targeted therapy medication approved for treatment of advanced liver cancer. Your doctor will explain how to take it and will adjust the dose if necessary.

Side effects of treatment for liver cancer

All cancer treatments can have side effects. Your treatment team will discuss these with you before you start treatment. Talk to your doctor or nurse about any side effects you are experiencing. Some side effects can be upsetting and difficult, but there is help if you need it. Call (**13 11 20**, or **13 14 50** for an interpreter) or email askanurse@cancervic.org.au to speak with a caring cancer nurse for support.

Sexuality and liver cancer

Having liver cancer and treatment can change the way you feel about yourself, other people, relationships and sex. These changes can be very upsetting and hard to talk about. Doctors and nurses are very understanding and can give you support. You can ask for a referral to a counsellor or therapist who specialises in body image, sex and relationships.

Living with advanced cancer

Advanced cancer usually means cancer that is unlikely to be cured. Some people can live for many months or years with advanced cancer. During this time palliative care services can help.

Most people continue to have treatment for advanced cancer as part of palliative care, as it helps manage the cancer and improve their day-to-day lives. Many people think that palliative care is for people who are dying, but palliative care is for any stage of advanced cancer. There are doctors, nurses and others who specialise in palliative care.

Treatment may include chemotherapy, radiation therapy, or another type of treatment. It can help in these ways:

- slow the growth of the cancer
- shrink the cancer
- help you to live more comfortably by managing symptoms, like pain.

Treatment depends on:

- where the cancer started
- how far it has spread
- your general health
- your preferences and what you want to do.

Ask your doctor about treatment and palliative care services that may help you.

Support for carers, family and friends

Caring for someone with cancer can be difficult sometimes. If you are caring for someone with liver cancer, these organisations can help:

- **Cancer Council Helpline** Tel. **13 11 20**
- **Carer Gateway** Tel. **1800 422 737**
- **Carers Australia** Tel. **1800 242 636**

Where to get help

- Your **GP (doctor)**
- **Palliative care** team

- **Cancer Council Victoria**
- **Cancer Council Helpline** Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

This page has been produced in consultation with and approved by:

Cancer Council Victoria

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