



**LIVER CANCER, ALSO KNOWN AS HEPATOMA, IS THE THIRD DEADLIEST CANCER IN THE WORLD. WHILE MOST** liver cancers originate in the liver cells directly (and is known as hepatocellular cancer), approximately five to 10 per cent of liver cancers are the result of cancer that has originated in a different part of the body but - through some means or other - has spread to the liver. Known as metastatic liver cancer, this type of liver cancer typically has its origins in the colon, stomach, pancreas, breast or lung.

The most common symptom of liver cancer is severe abdominal pain and usually signifies a large tumor or widespread involvement of the liver. Other symptoms include unexplained weight loss or fevers - which often points to liver cancer in patients with cirrhosis (chronic liver disease) - as well as the sudden appearance of abdominal fluids, swelling and jaundice.

Should you have any of these symptoms, and the attending doctor suspects that you may have liver cancer, you would be advised to undergo a series of diagnostic tests to confirm the presence of the cancer. While the majority of these tests are non-invasive and require but a brief visit to the clinic or lab, others may be more involved and may require an overnight stay in a hospital.

Every patient with liver cancer should be evaluated for a resection, or surgical removal of the affected parts of the liver, as it is the only chance for complete cure and recovery. Only when the tumor is removed will the body be fully rid of the cancer, in the process preventing further spread of the cancer to other parts of the body.

Should such treatment prove to be either unsuitable or undesirable, other treatment options may be considered. Radiofrequency Ablation (RFA), for instance, uses needles placed into the lesion under image guidance to generate heat within the tissue through microwave induction. Often used when the lesion is unresectable, it can be applied percutaneously (through the skin) or laparoscopically (through keyhole surgery).

Transarterial chemoembolisation is another possible treatment method and involves the infusion of an emulsion made from a chemotherapeutic agent as well as a lipoidal (a fatty-like substance). This emulsion is then pumped into the feeding artery of the tumour and, thanks to the presence of the lipoidal, allows the chemotherapeutic agent to be absorbed fully by the liver. The greatest strength of this treatment is that, unlike traditional chemotherapy, there are significantly less side effects due to the target nature of the infusion.

Finally, there's liver transplantation, where the diseased liver is removed and healthy liver tissue harvested from another patient is transplanted. The best option for patients whose tumours are less than five centimetre in size and who are also suffering from liver failure, it has since become an acceptable form of treatment for patients with end-stage liver disease of various types. ■

