

# Patient Journey

Approccio personalizzato al  
paziente e esperienze a  
confronto:  
Epatocarcinoma e  
Colangiocarcinoma

**01 Febbraio 2024**

**VERONA**

**CROWNE PLAZA**

**Via Belgio, 16**

**AIGOM**

ASSOCIAZIONE ITALIANA  
GRUPPI ONCOLOGICI MULTIDISCIPLINARI



# Patient Journey

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## Terapia locoregionale nell'HCC

– Caso clinico –

Andrea Mega  
UOS Epatologia e trapianti di Fegato  
Ospedale di Bolzano

## **Luglio 2016**

Accesso ambulatoriale per dolori addominali su invio del MMG

### **Anamnesi:**

- nota epatopatia HCV relata (G1a) con PCR HCV-RNA  $10^5$  copie/ml (2012)
- potus attivo
- fumatore
  
- accesso ambulatoriale nel 2012: diagnosi di epatite cronica C
- proposta terapia antivirale con PEG-IFN+RBV → rifiutata

### **Copatologie:**

- BPCO
- Ipertensione arteriosa farmaco-trattata

**Laboratorio:**

- $\alpha$ FP 22.4 ng/ml, Ca 19-9 nella norma
- PLT, PT, elettroforesi nella norma
- AST/ALT x 2 v/norma
- GGT x 2 v/norma
- ALP nella norma
- bilirubina nella norma

**Esami strumentali:**

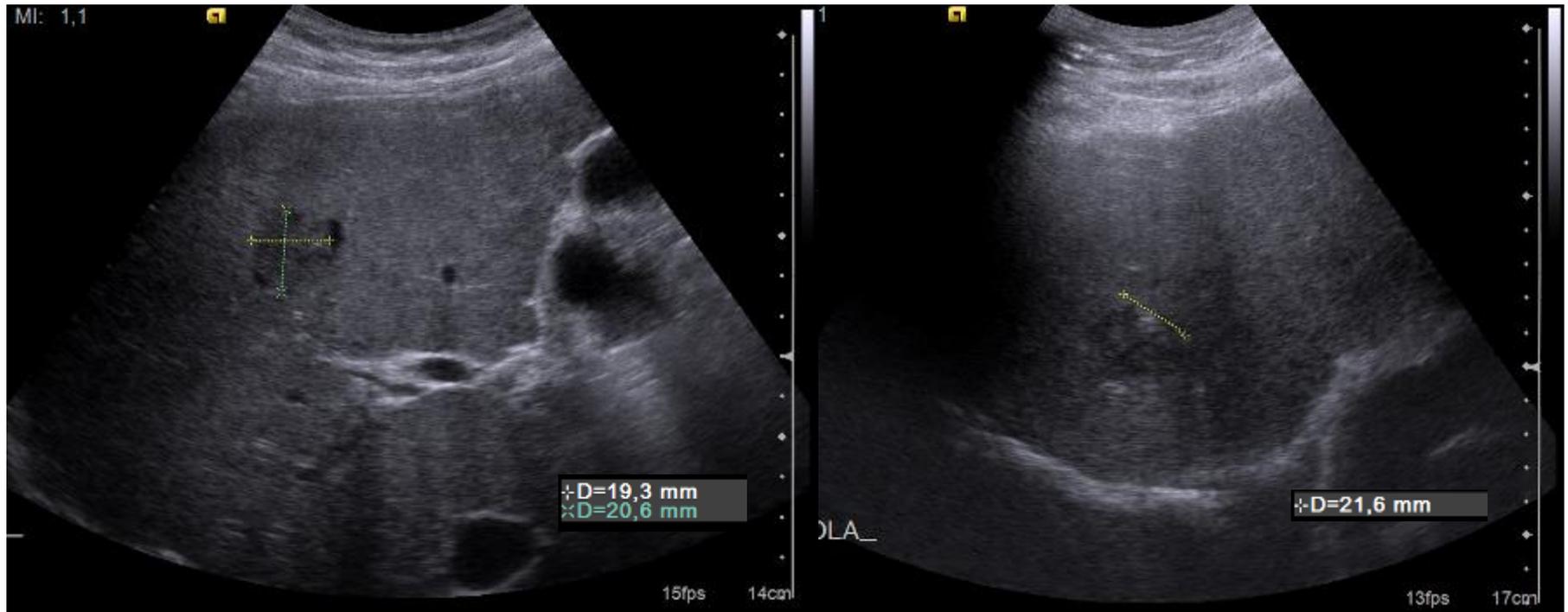
- EGDS: varici esofagee F1, gastropatia congestizia

SP ♂ 1959

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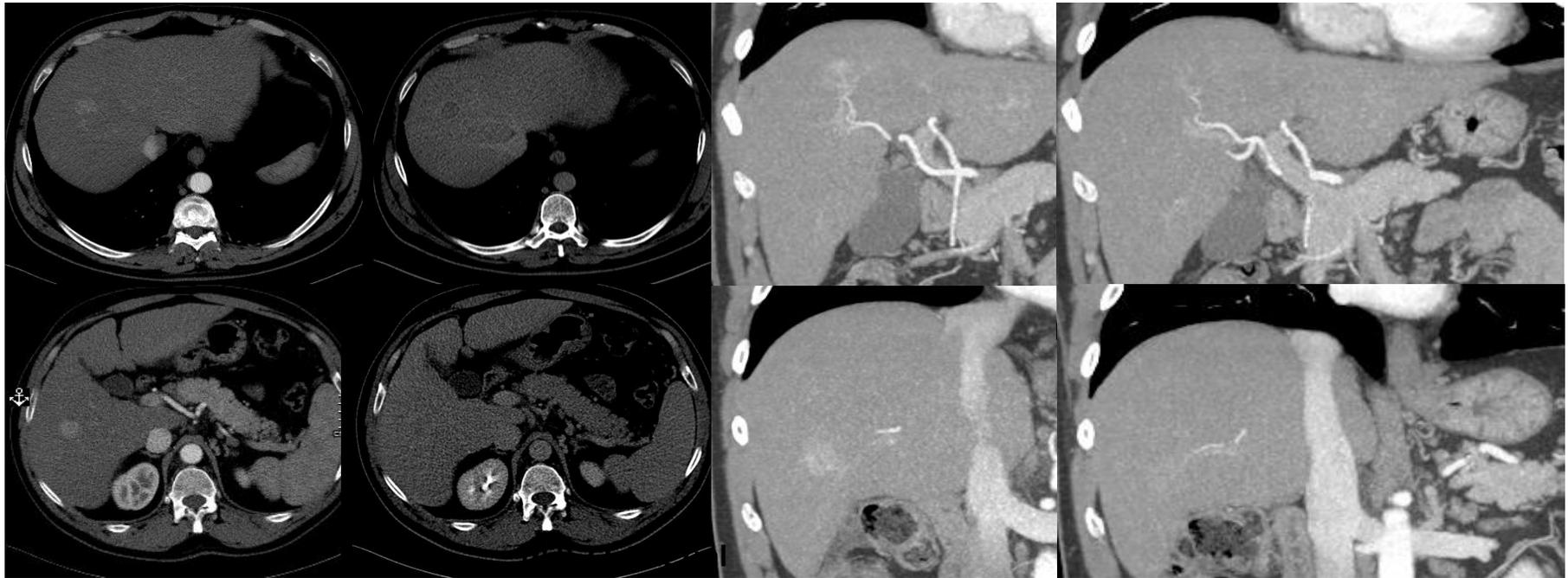
luglio 2016

Ecografia addome superiore: quadro di epatopatia cronica; 2 lesioni focali di 20 mm al seg V e VIII



luglio 2016

TAC addome superiore con MDC protocollo HCC: 2 lesioni focali con cinetica tipo wash-in e wash-out, riferibili ad HCC



MPR assiali  
fase arteriosa

fase tardiva 3 min

MIP coronali  
fase arteriosa

## Luglio 2016

Viene proposto al paziente trattamento delle lesioni focali e contestuale inserimento in lista OLTx → rifiuta OLTx



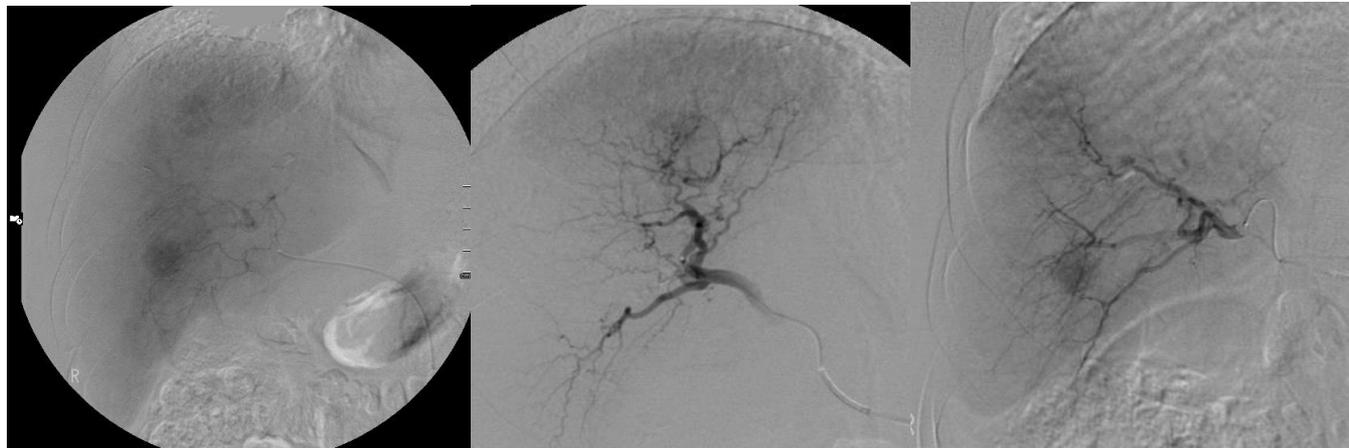
Discussione del caso al TB HCC → viene proposto trattamento di DEB-TACE che il paziente accetta

Nel frattempo il paziente sospende del tutto il potus

SP ♂ 1959

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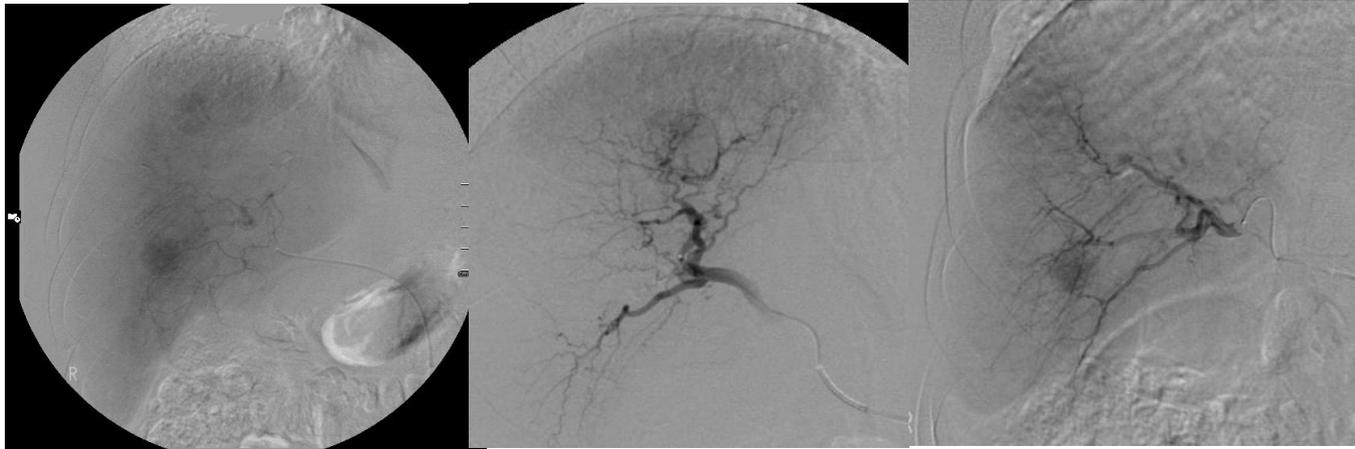
agosto 2016 DEB TACE 100 mg doxorubicina DC Bead (100-300  $\mu\text{m}$ , 300-500  $\mu\text{m}$ )



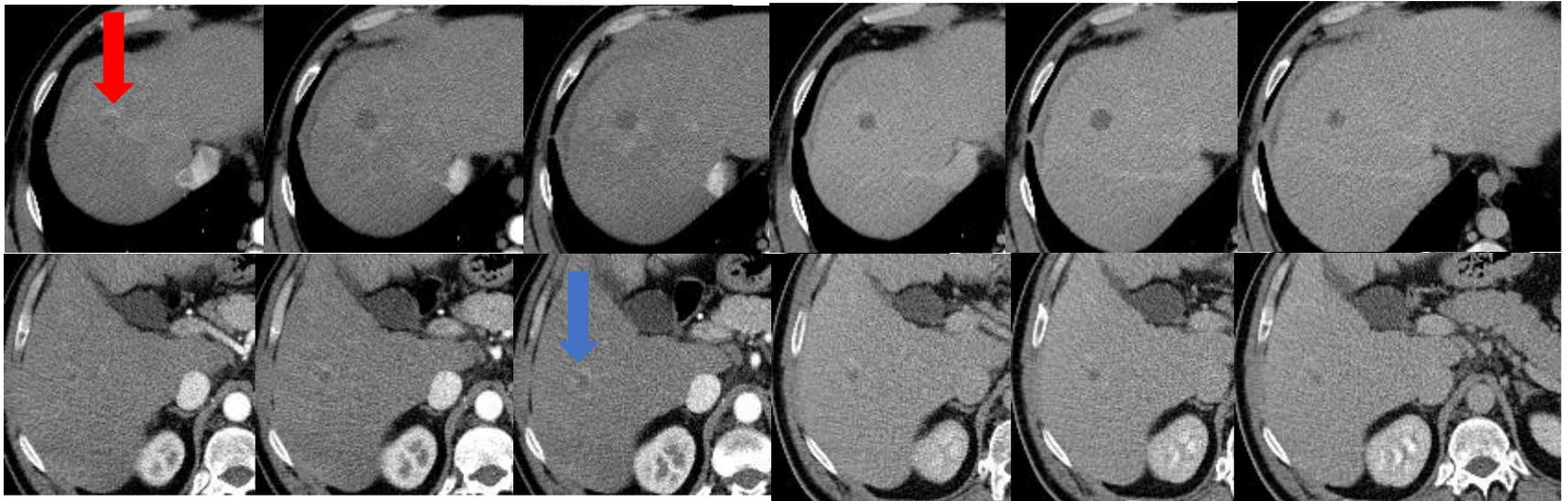
SP ♂ 1959

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agosto 2016 DEB TACE 100 mg doxorubicina DC Bead (100-300  $\mu\text{m}$ , 300-500  $\mu\text{m}$ )



settembre 2016 TC controllo 1 mese post DEB TACE: dubbio di possibile residuo di malattia S8 ed S5



Arteriosa

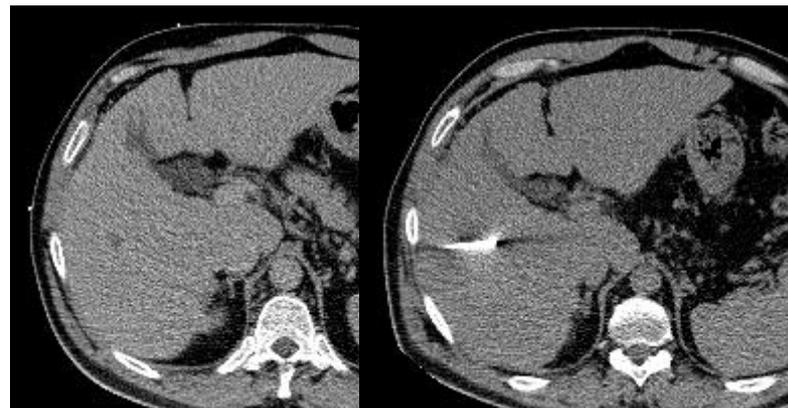
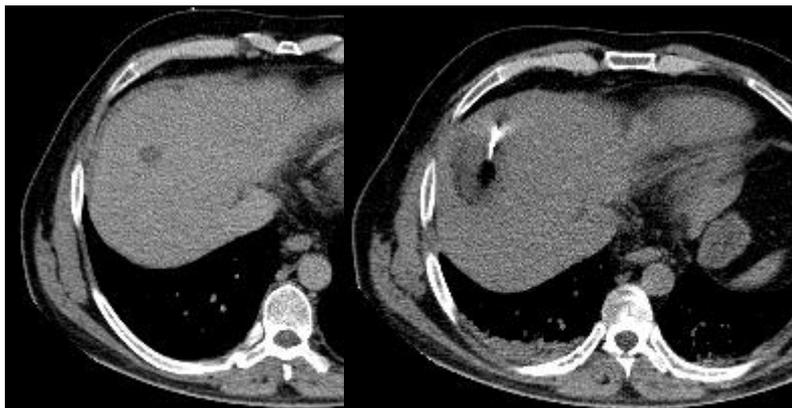
Tardiva 3 min

SP ♂ 1959

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ottobre 2016

1^RF

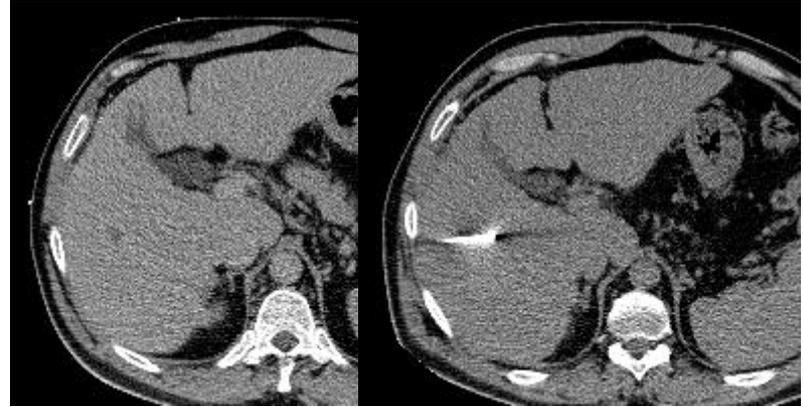
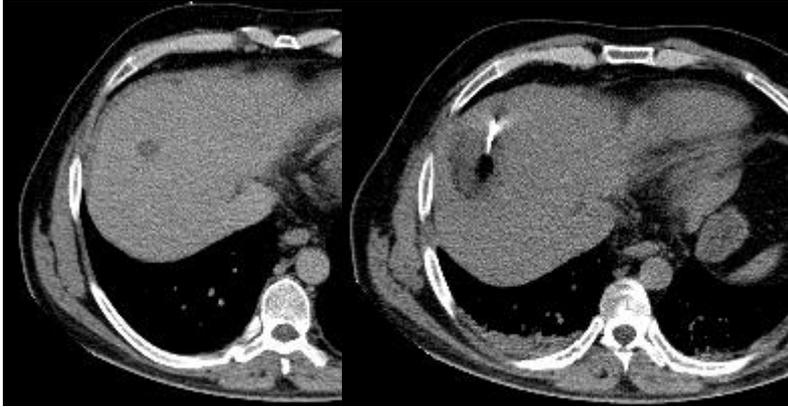


SP ♂ 1959

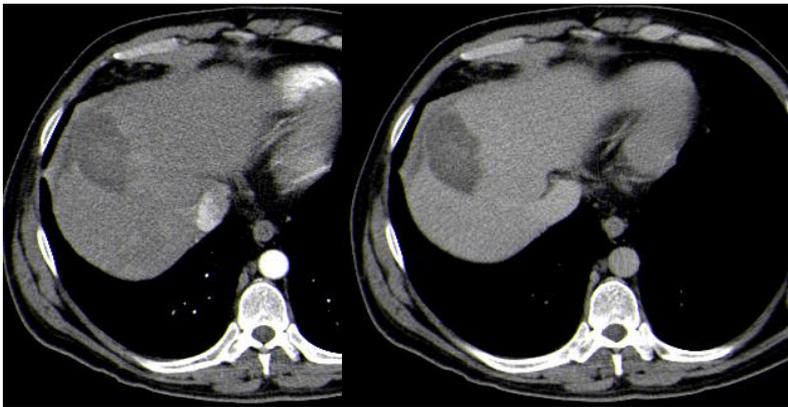
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ottobre 2016

1^RF

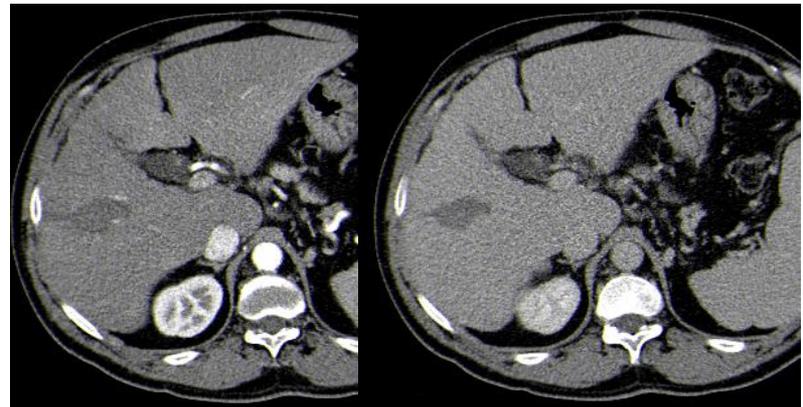


novembre 2016 TC controllo 1 mese post-RF



Arteriosa

Tardiva 3 min



Arteriosa

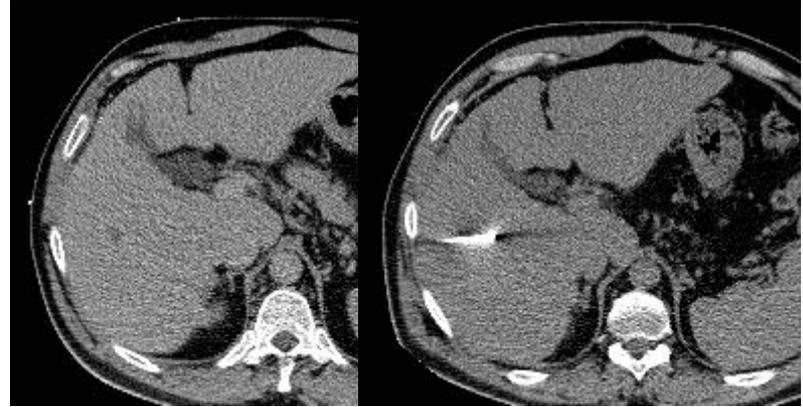
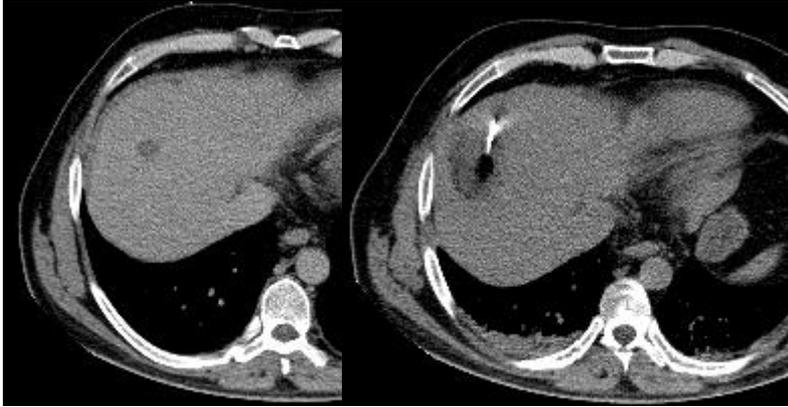
Tardiva 3 min

SP ♂ 1959

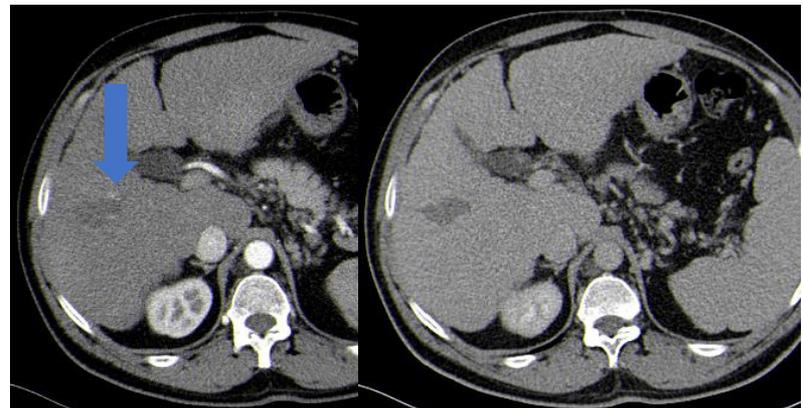
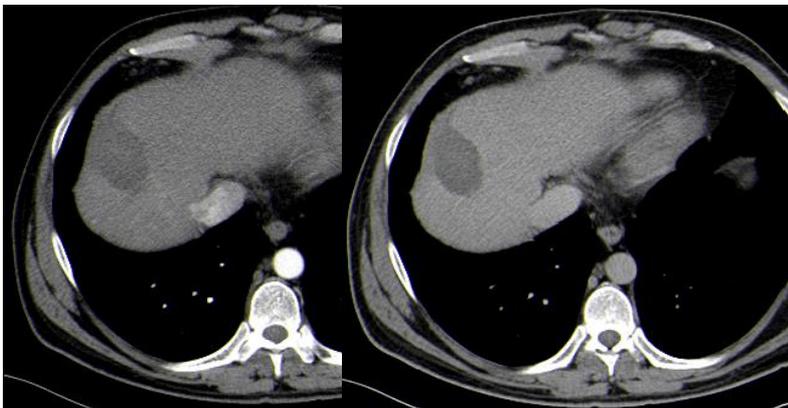
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ottobre 2016

1^RF



febbraio 2017 TC controllo 4 mesi post-RF: dubbio di ripresa di malattia al margine ant. S5



Arteriosa

$\alpha$ FP 11,3 ng/ml  
Tardiva 3 min

Arteriosa

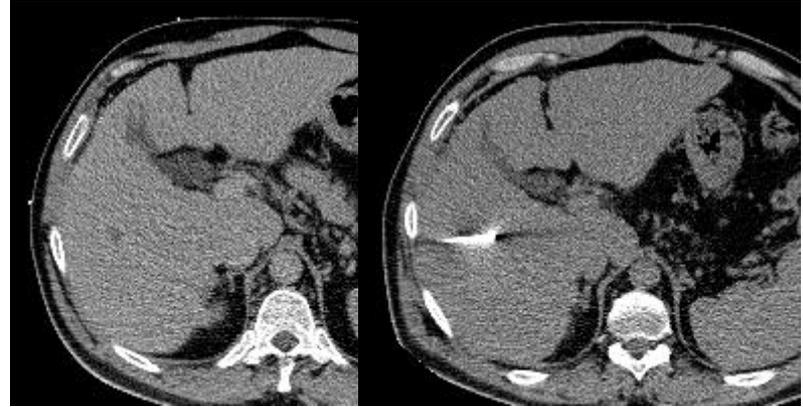
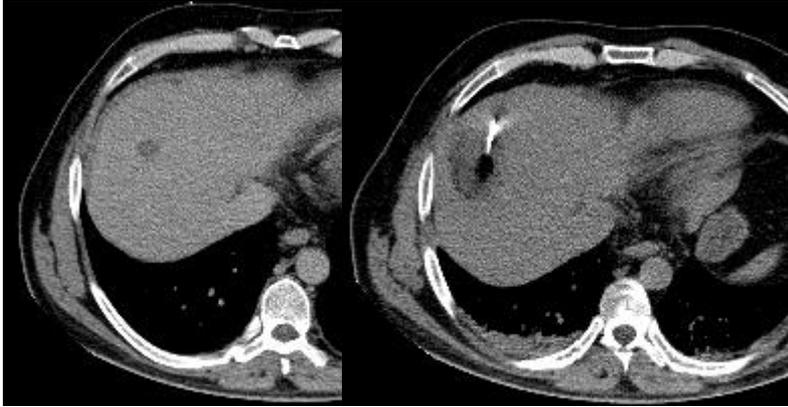
Tardiva 3 min

SP ♂ 1959

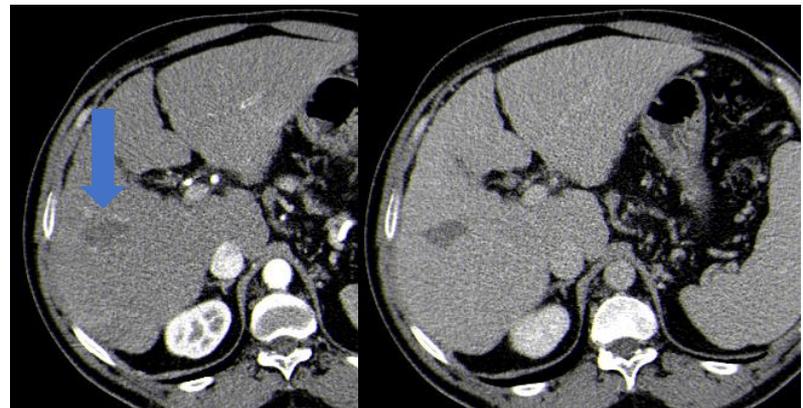
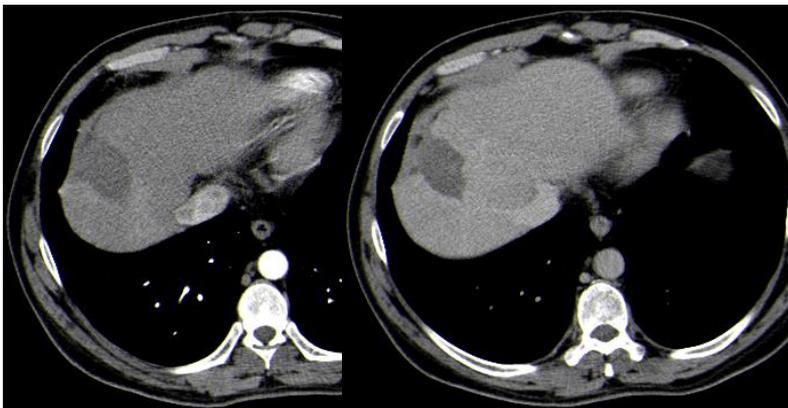
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ottobre 2016

1^RF



luglio 2017 TC controllo 9 mesi post-RF: dubbio di ripresa di malattia al margine ant. S5



$\alpha$ FP 13,2 ng/ml

Arteriosa

Tardiva 3 min

Arteriosa

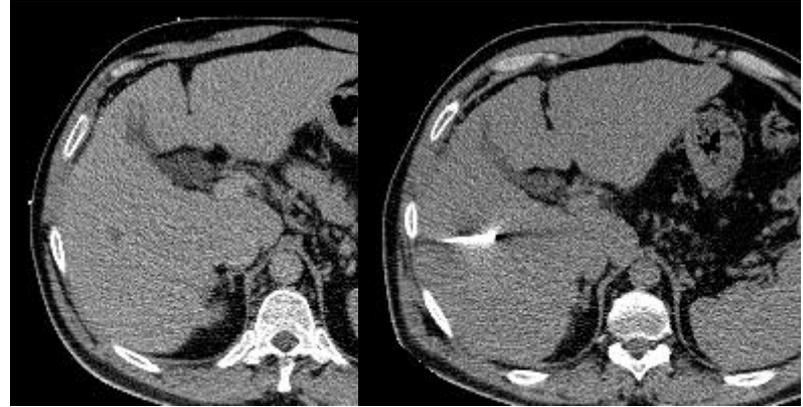
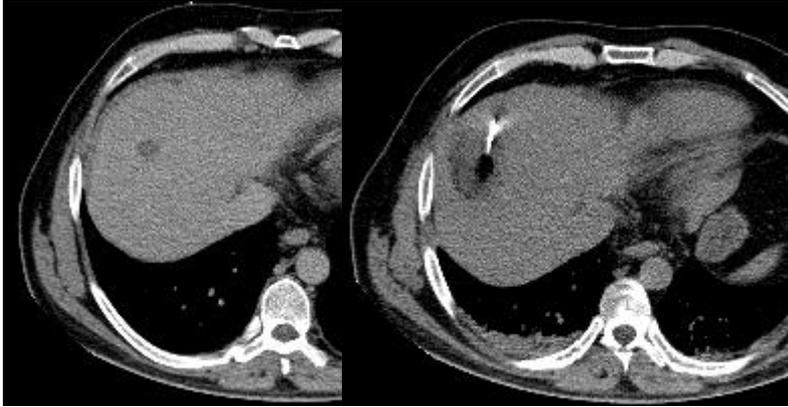
Tardiva 3 min

SP ♂ 1959

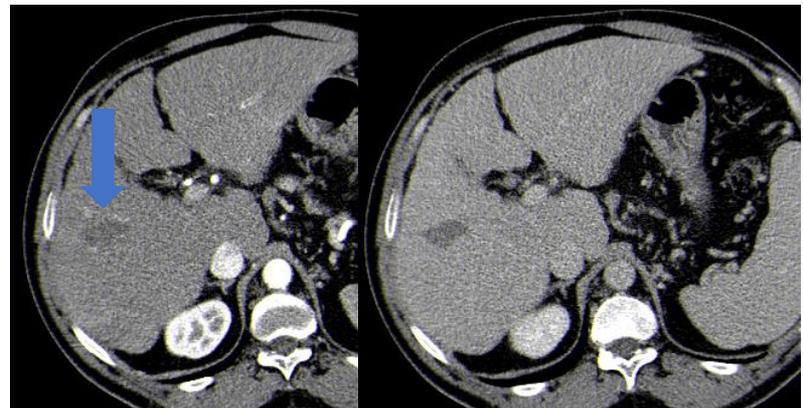
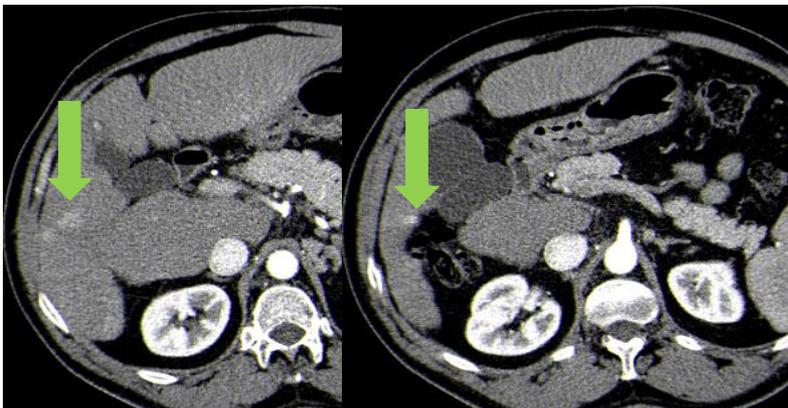
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ottobre 2016

1^RF



luglio 2017 TC controllo 9 mesi post-RF: Comparsa due aree dubbie per nuove lesioni



Arteriosa

$\alpha$ FP 13,2 ng/ml  
Tardiva 3 min

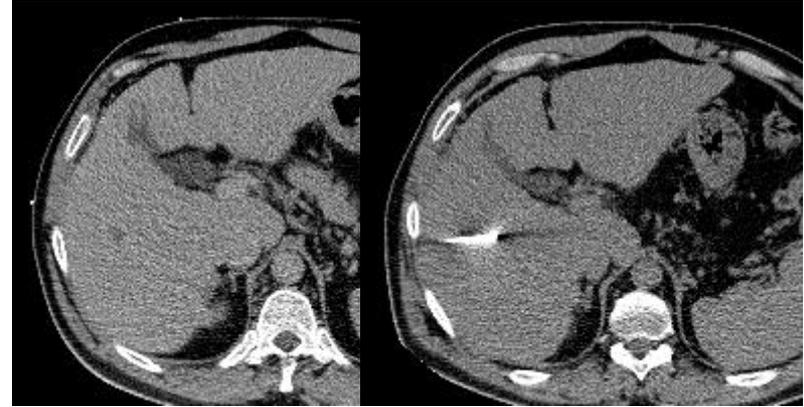
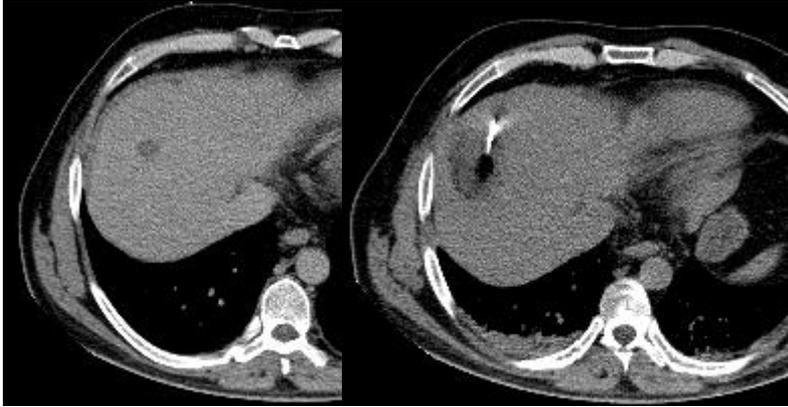
Arteriosa

Tardiva 3 min

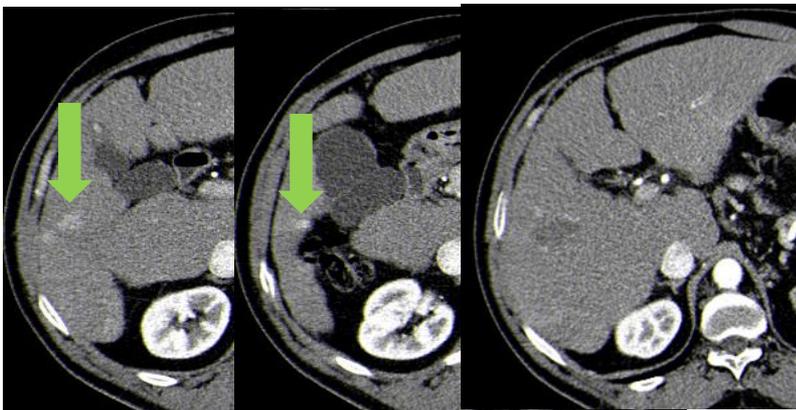
SP ♂ 1959

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ottobre 2016 RF



luglio 2017 TC controllo 9 mesi post-RF

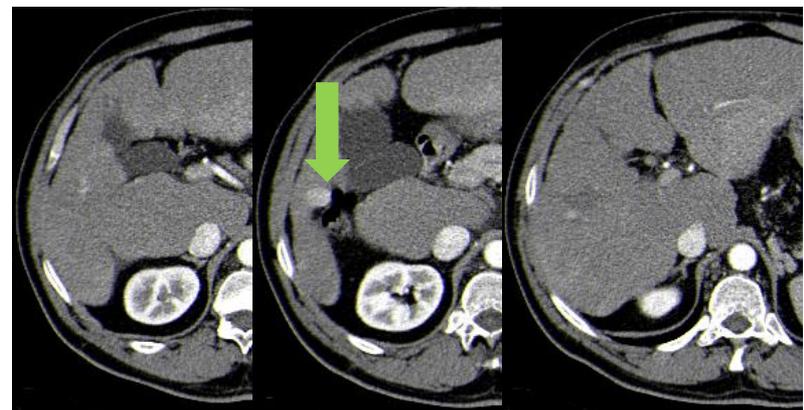


$\alpha$ FP 13,2 ng/ml

Art

art

ottobre 2017 TC controllo 12 mesi post-RF



$\alpha$ FP 16,00 ng/ml

Art

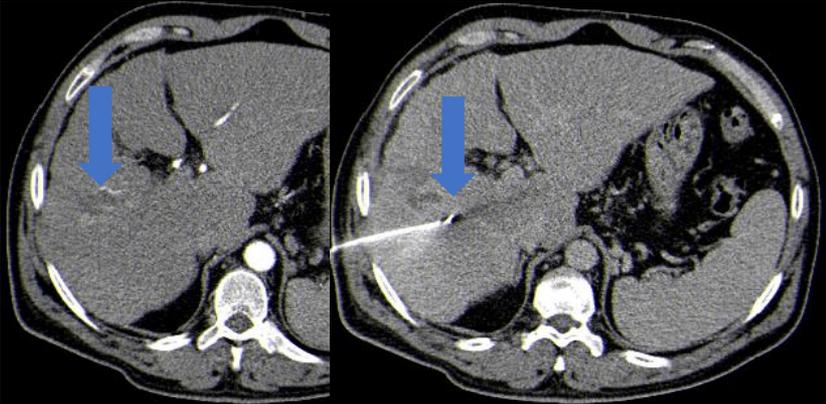
art

art

SP ♂ 1959

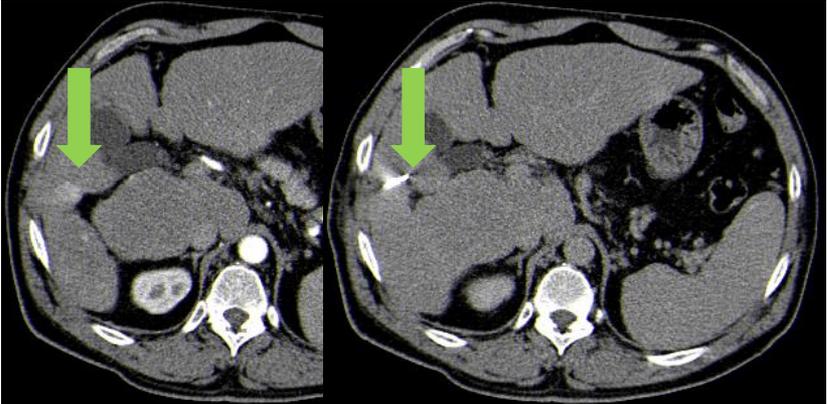
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21 novembre 2017 2^RF



Art

ago posiz



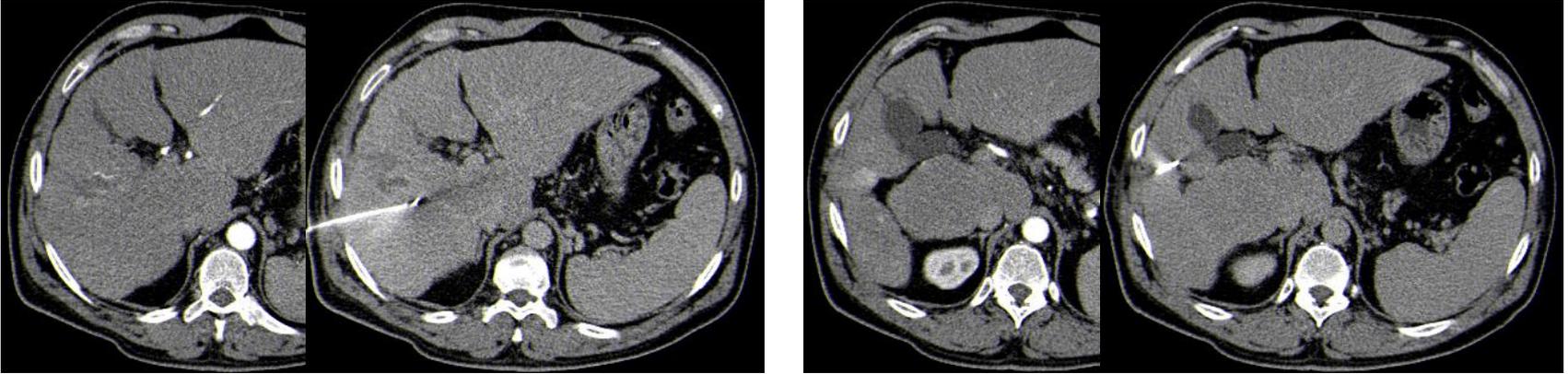
Art

ago posiz

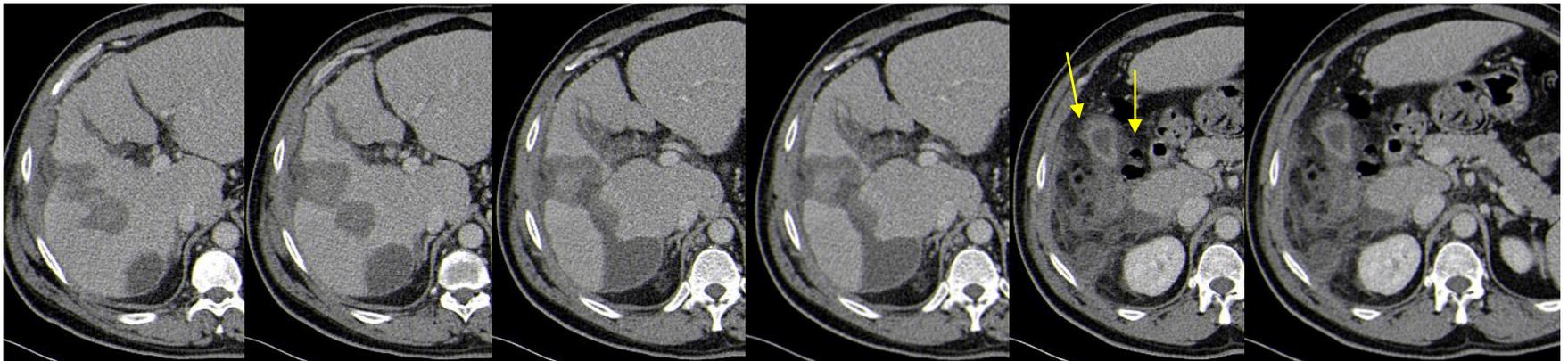
SP ♂ 1959

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21 novembre 2017 2^RF

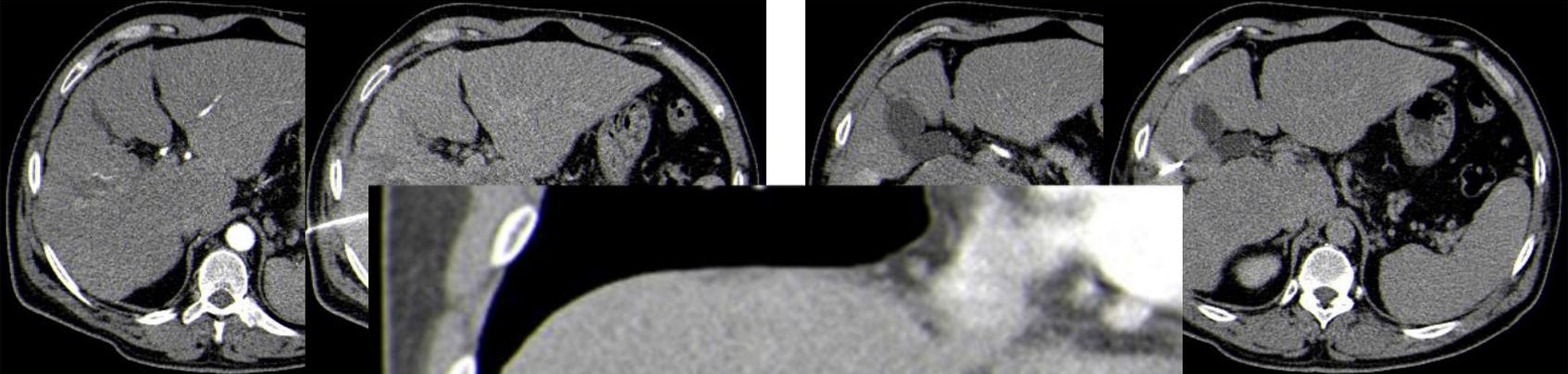


25 novembre 2017 TC controllo febbre, dispnea, dolore fianco dx, aumento indici flogosi, PCR, GB



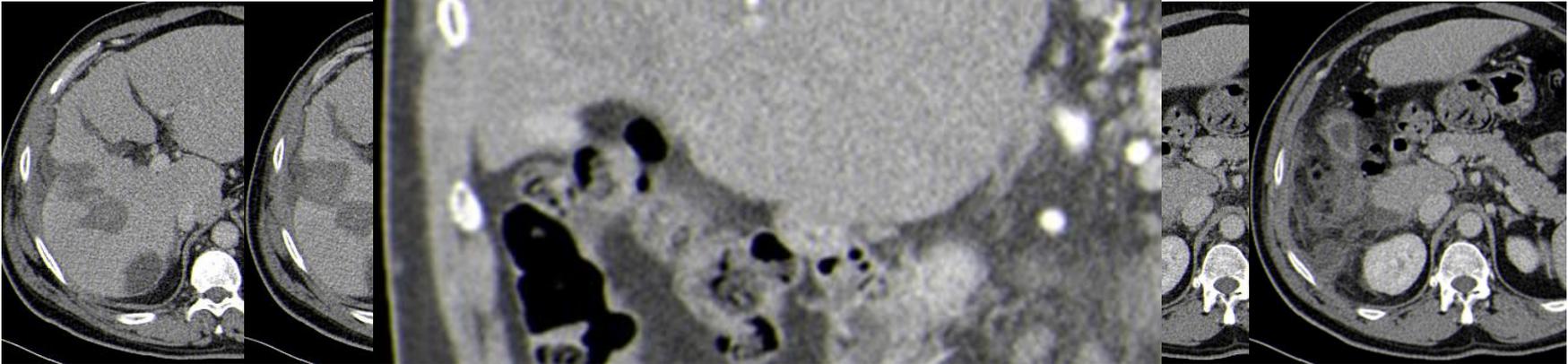
SP ♂ 1959

21 novembre 2017 2^RF



25 novembre 2017 TC

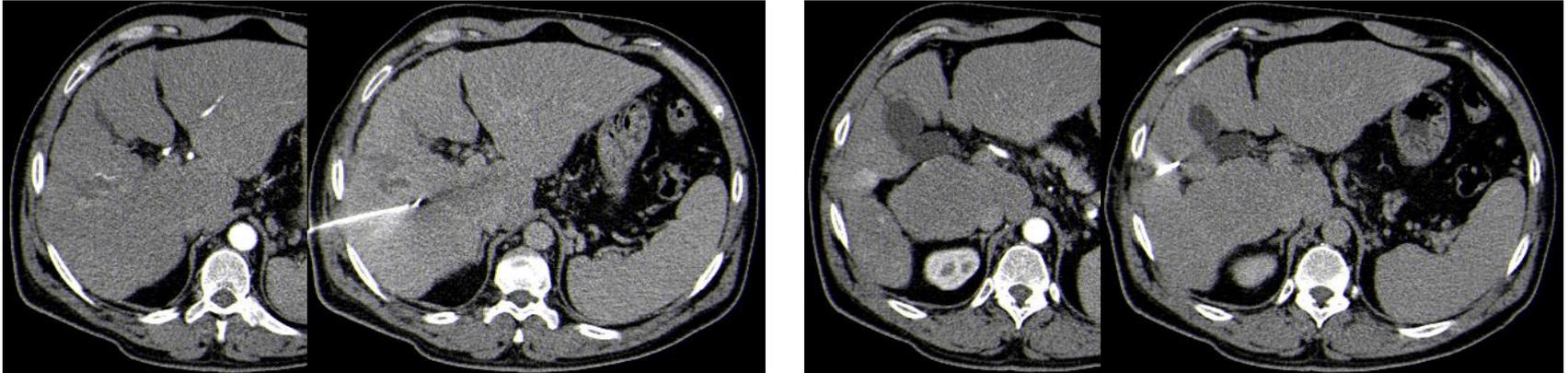
...to indici flogosi, PCR, GB



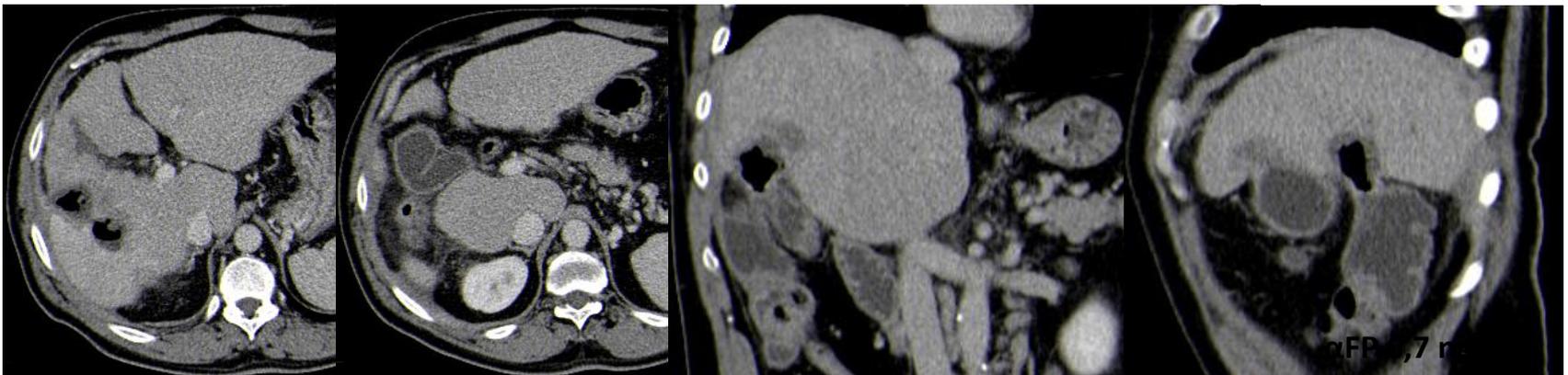
SP ♂ 1959

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21 novembre 2017 2^RF



dicembre 2017 TC controllo 1 mese post-seconda RF, calo ponderale, dolore fianco destro, dispnea



Portale assiale

coronale

sagittale

**Andamento clinico:**

- Il paziente esegue trattamento antibiotico ev, poi per os
- buona risposta clinica alla terapia
- progressiva scomparsa delle febbre e dolore al fianco dx
- progressivo miglioramento bioumorale (flogosi/infezione)
  
- nessun segno di scompenso epatico

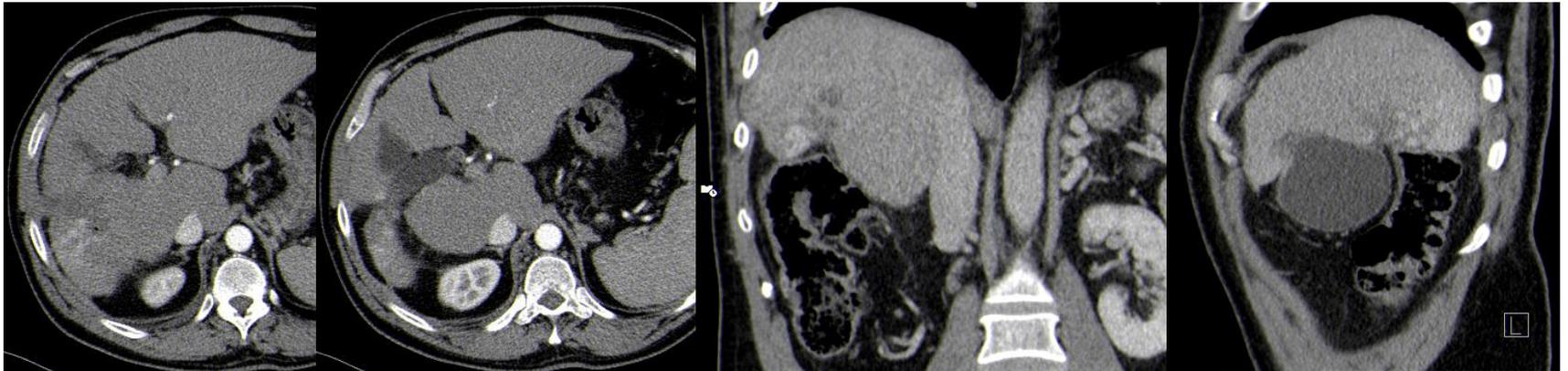
SP ♂ 1959

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**aprile 2018**

Il paziente comincia a stare clinicamente meglio, non febbre, paucisintomatico, buona funzione epatica, nessun segno di scompenso

**aprile 2018** TC controllo 5 mesi post-seconda RF



$\alpha$ FP 16,7 ng/ml

Art

venosa

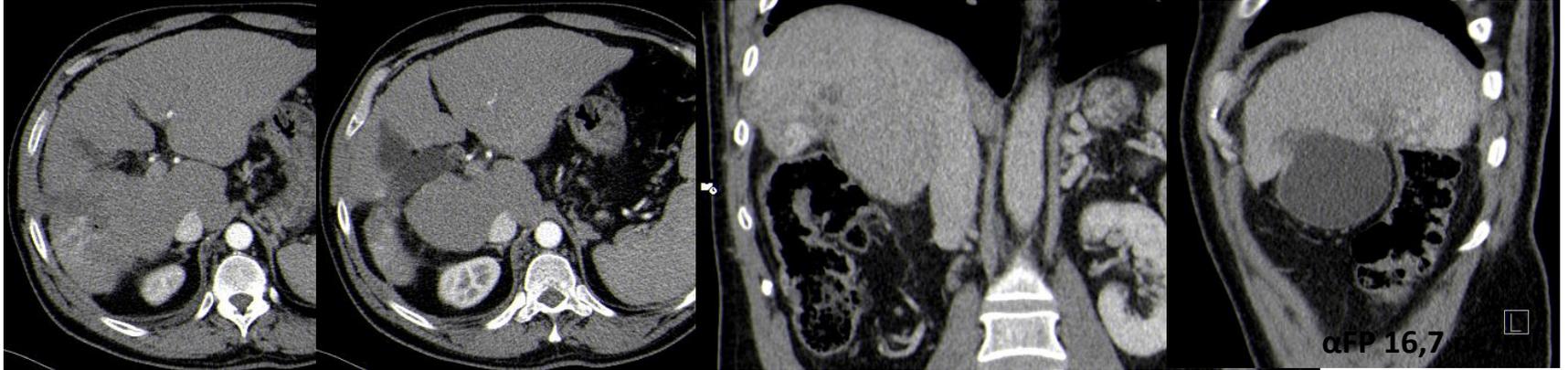
aree di wash-in non francamente nodulari e senza wash-out non sicuramente

HCC

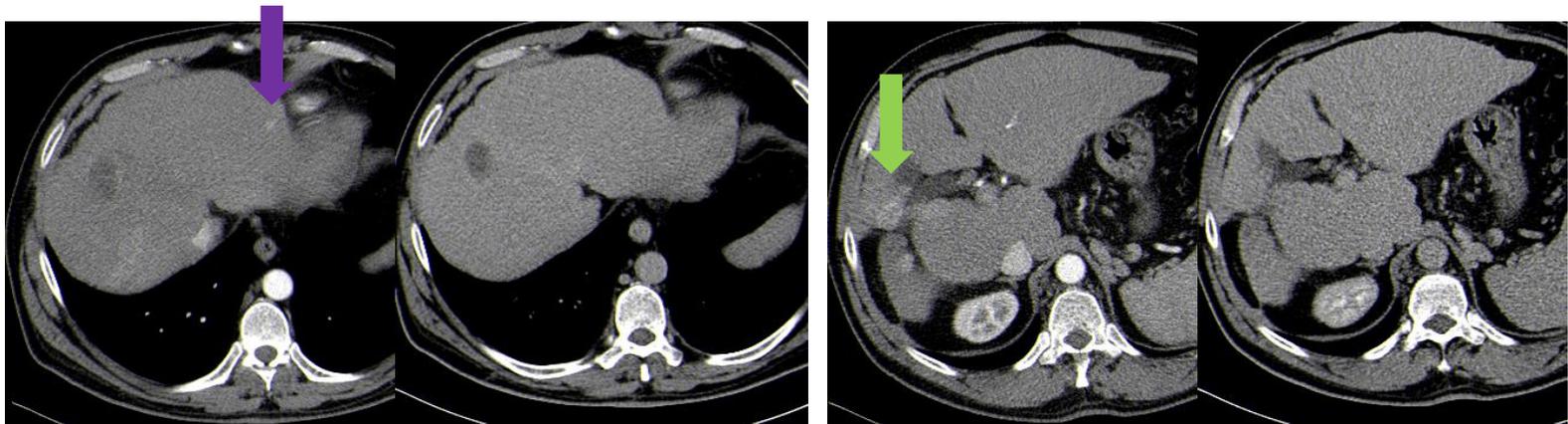
SP ♂ 1959

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aprile 2018 TC controllo 5 mesi post-seconda RF



ottobre 2018 TC controllo 11 mesi post-seconda RF, recupero ponderale, Child B



Art

3 minuti

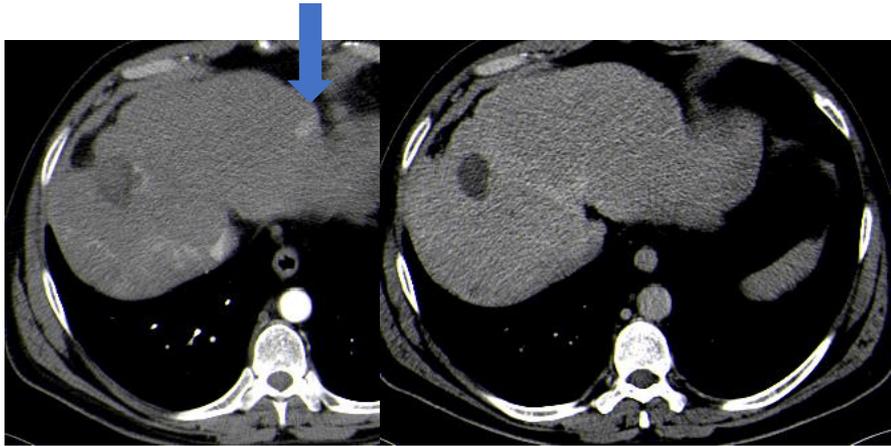
Art

3 minuti

αFP 117,7 ng/ml

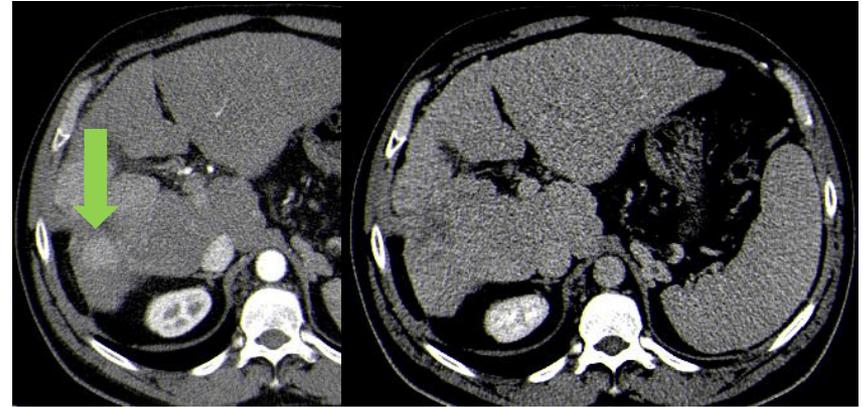
SP ♂ 1959

gennaio 2019 TC controllo 14 mesi post-seconda RF, buone condizioni generali



Art

3 minuti



Art

3 minuti



Portale assiale portale coronale

$\alpha$ FP 3674 ng/ml

## SP ♂ 1959

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**marzo 2019**      valutazione per TARE (previo trattamento con tx sistemica)

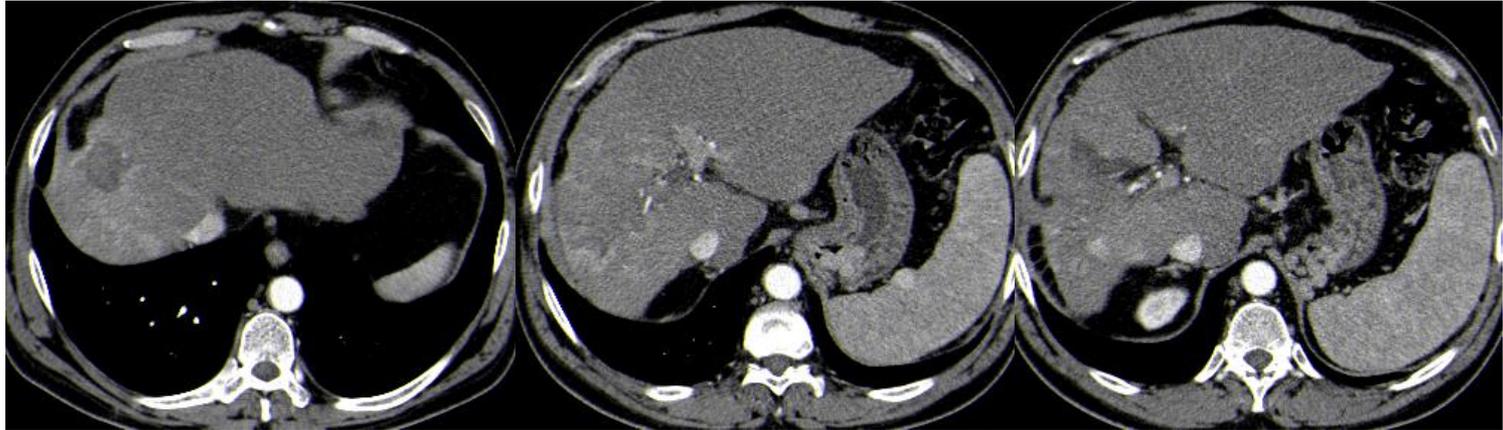
**maggio 2019**      inizio Sorafenib,  $\alpha$ FP 22356 ng/ml

**luglio 2019**      TARE lobo destro

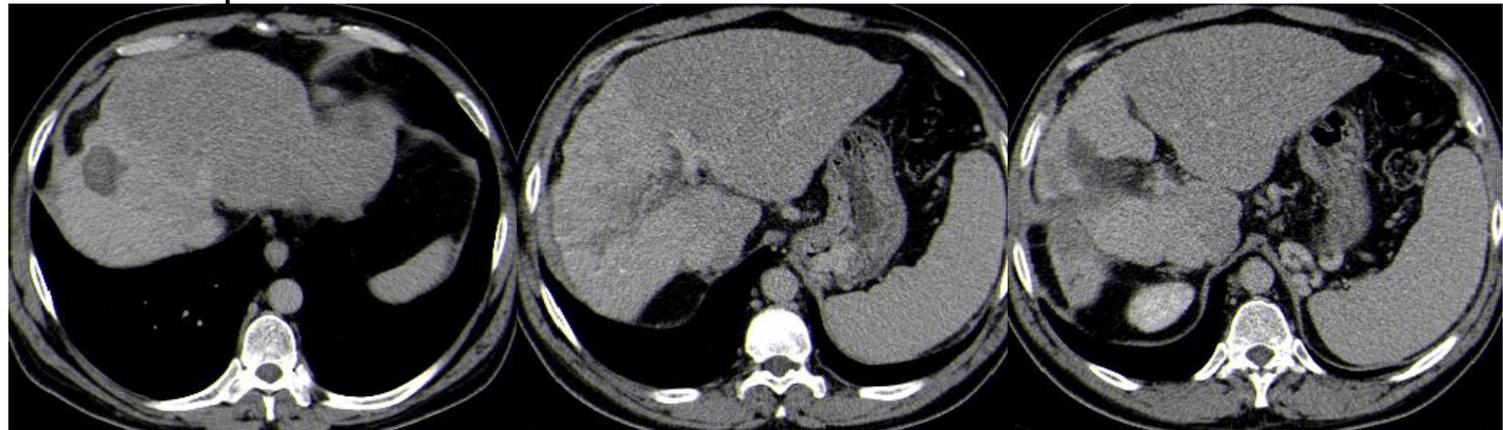
SP ♂ 1959

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settembre 2019 TC controllo 2 mesi da TARE: progressiva atrofia del lobo dx



Art su tre piani assiali



tardiva

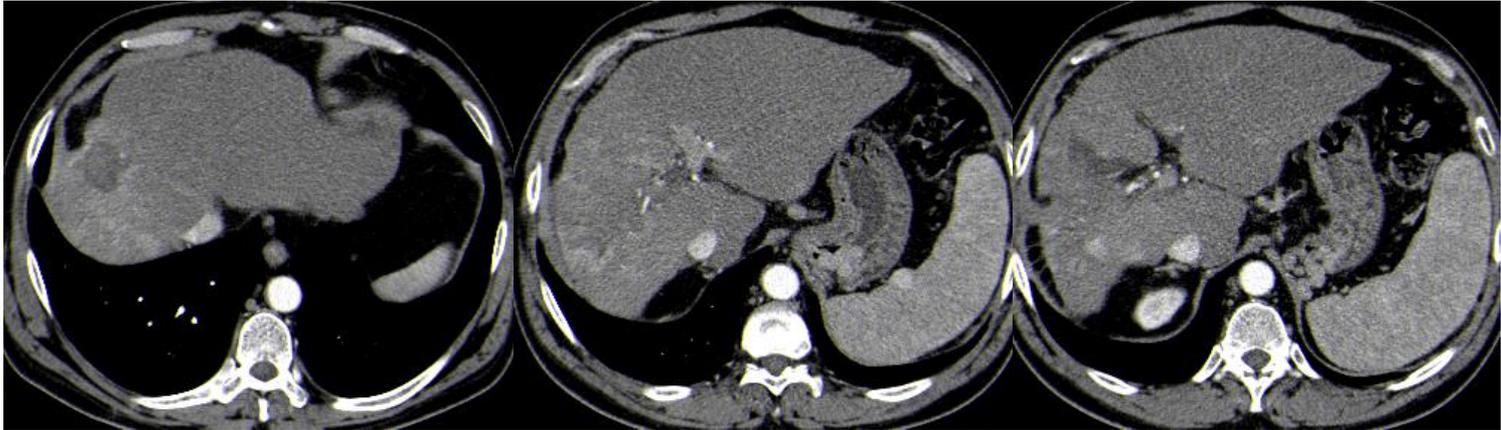
3 minuti

$\alpha$ FP 9,4 ng/ml

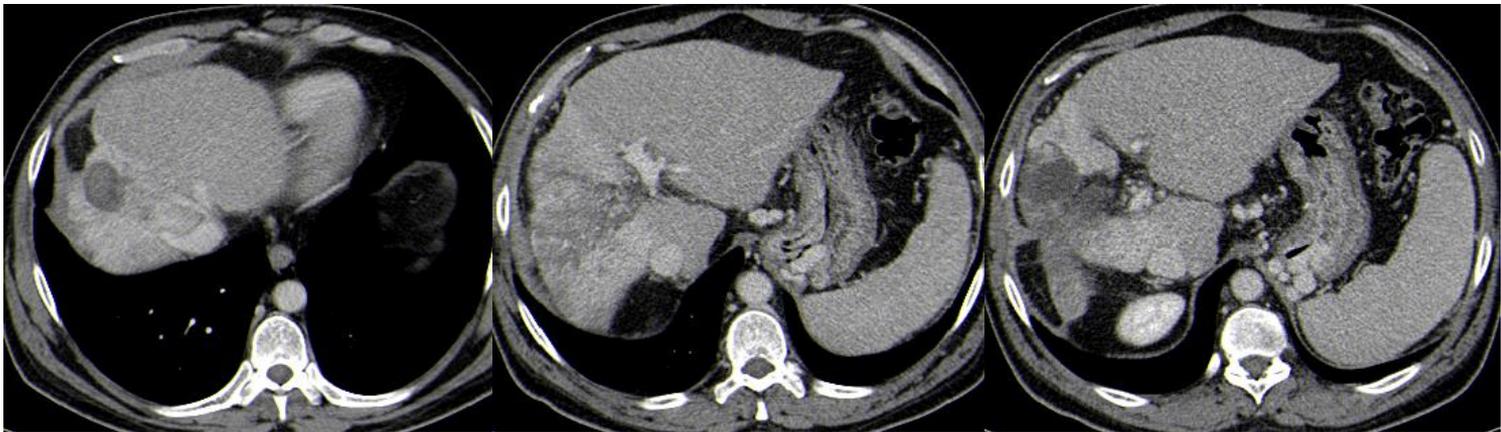
SP ♂ 1959

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settembre 2019 TC controllo 2 mesi da TARE



gennaio 2020 TC controllo 6 mesi da TARE



Tardive

3 minuti

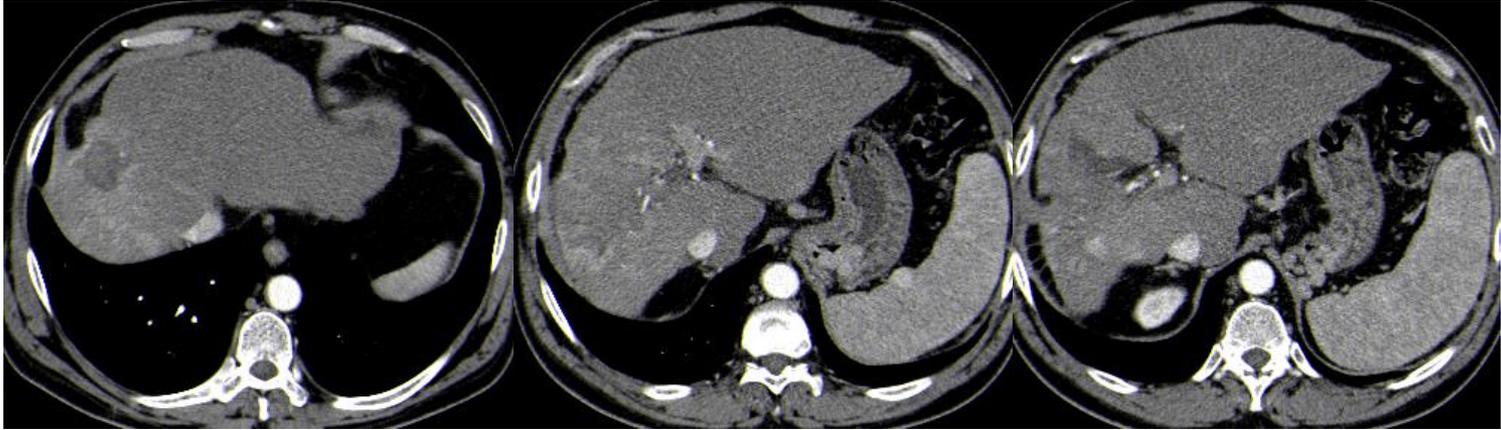
$\alpha$ FP 8,7 ng/ml

marzo 2020 sospeso sorafenib, inizio tx antivirale Sofosbuvir/Velpatasvir

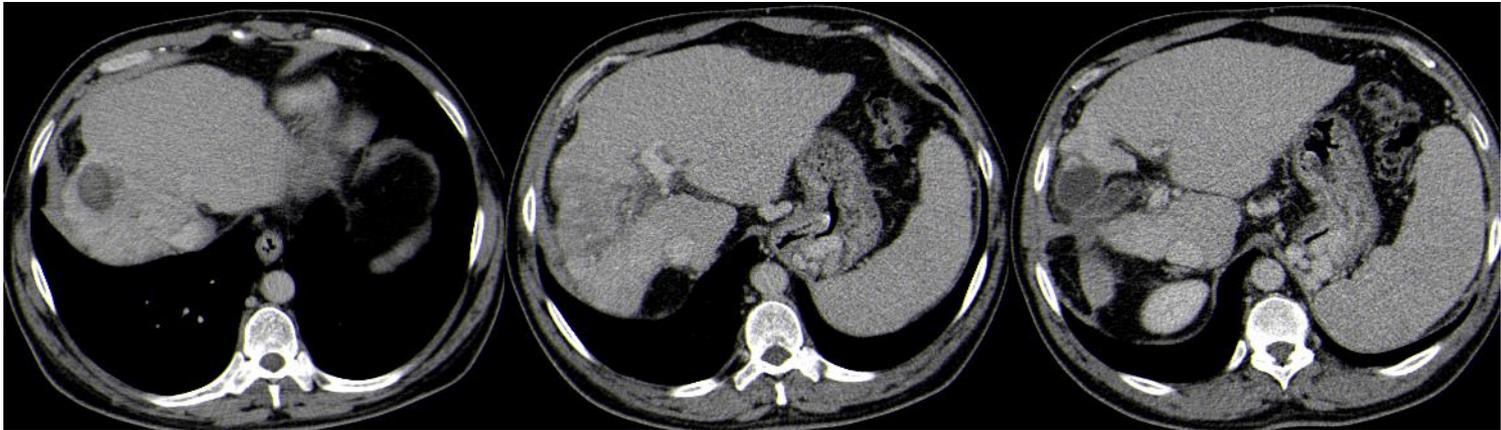
SP ♂ 1959

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settembre 2019 TC controllo 2 mesi da TARE



aprile 2020 TC controllo 9 mesi da TARE



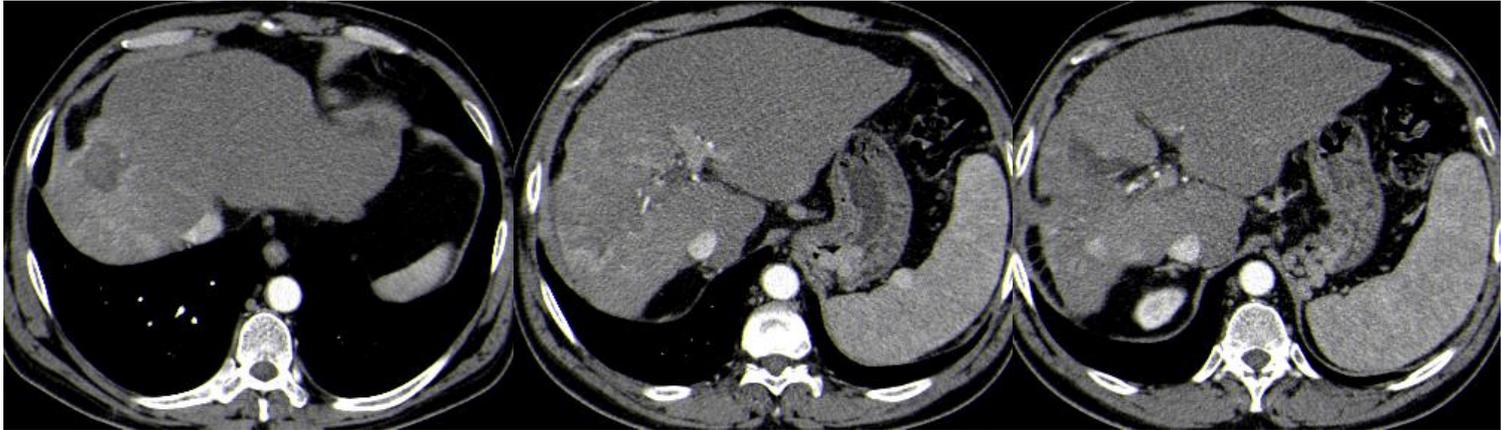
luglio 2020 negativizzazione HCV RNA

$\alpha$ FP 8,0 ng/ml

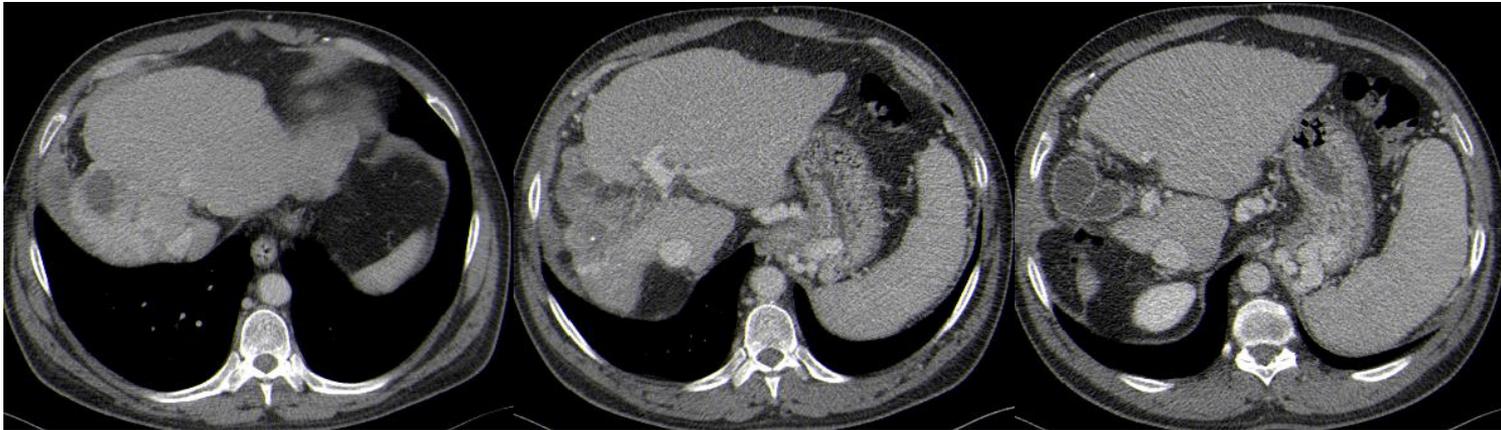
SP ♂ 1959

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settembre 2019 TC controllo 2 mesi da TARE



ottobre 2020 TC controllo 15 mesi da TARE



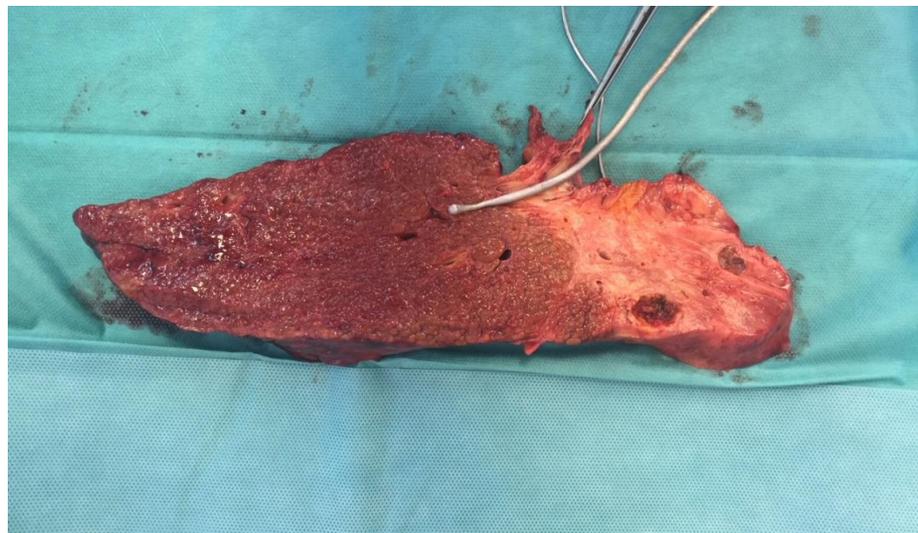
febbraio 2021 inserimento lista trapianti  $\alpha$ FP 6,5 ng/ml

$\alpha$ FP 7,1 ng/ml

SP ♂ 1959

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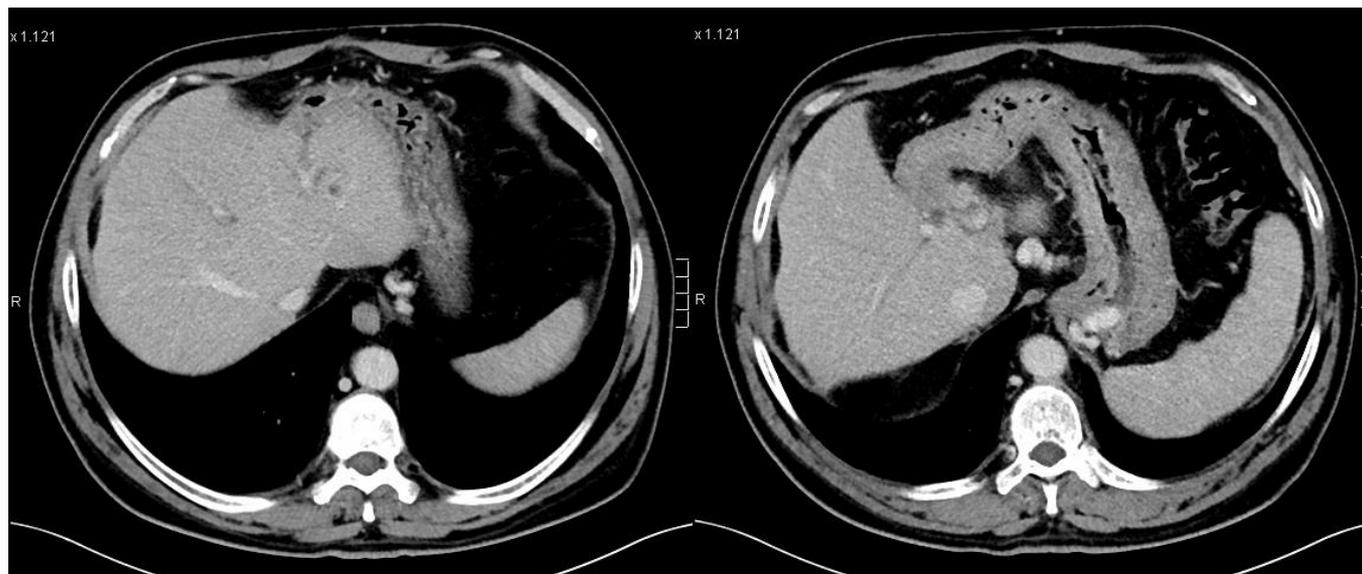
6 marzo 2021 trapianto di fegato



SP ♂ 1959

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ottobre 2021 TC controllo 12 mesi post trapianto epatico

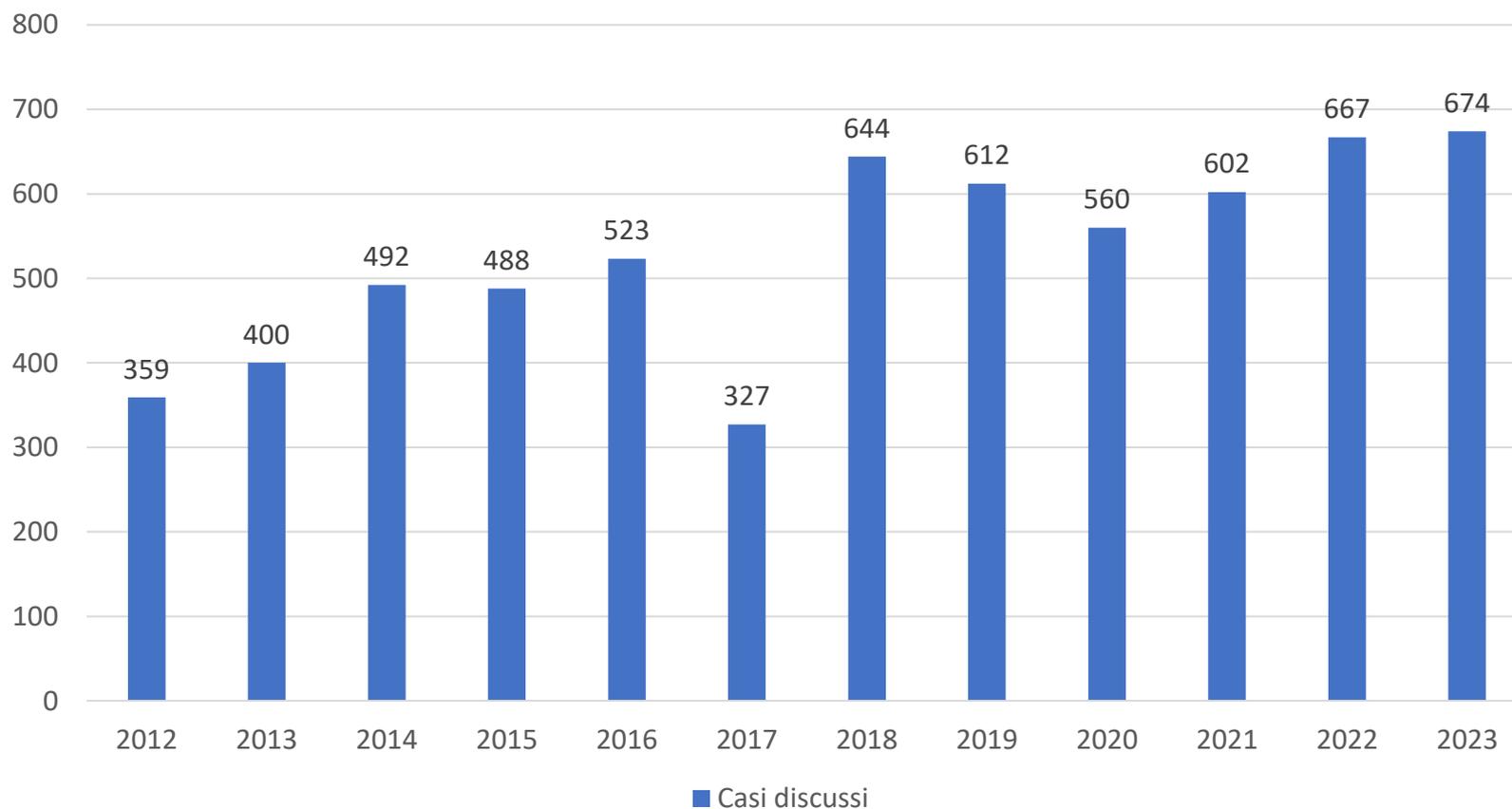




*Grazie!*

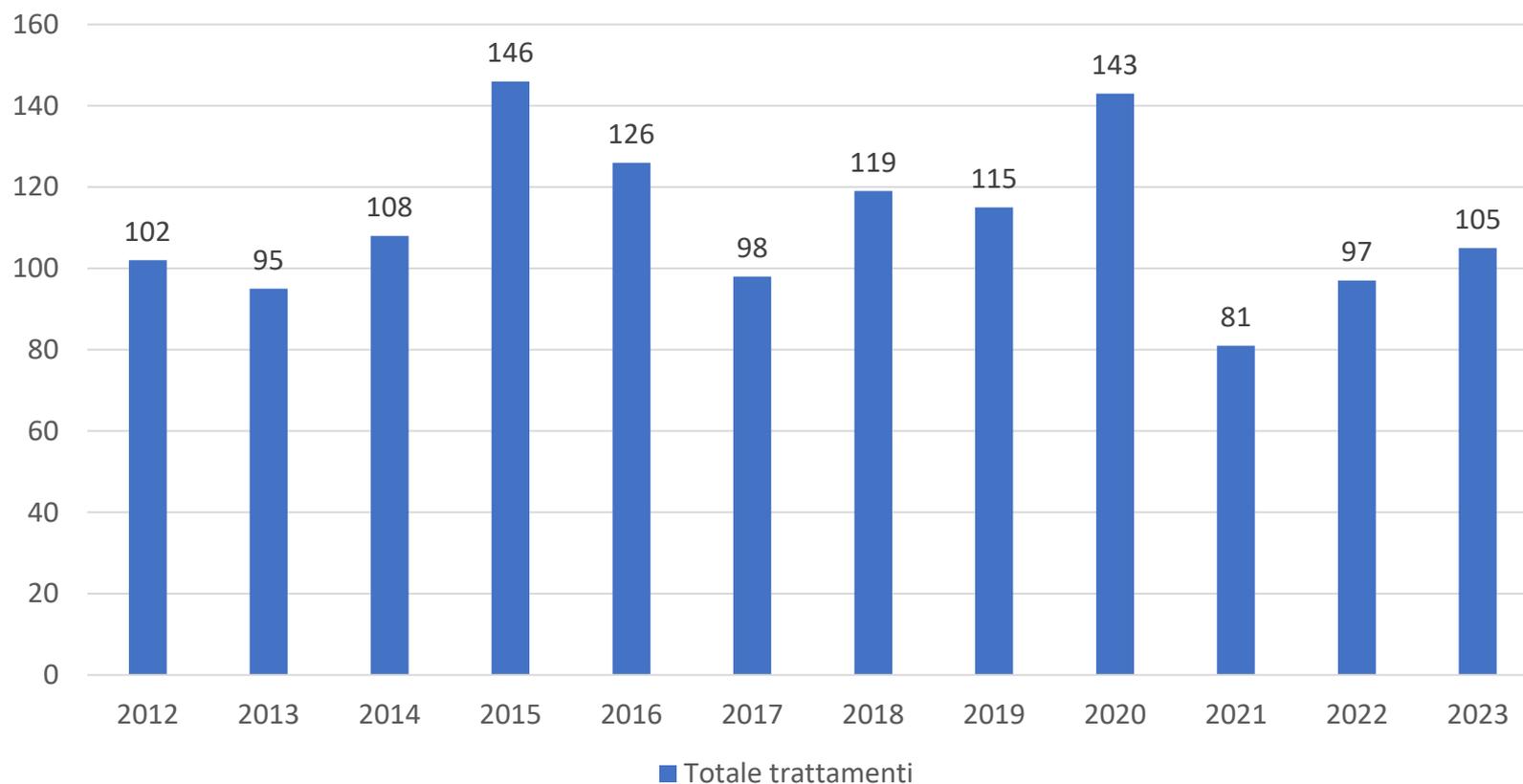
# Team Multidisciplinare BZ

## Casi discussi (2012 – 2023)



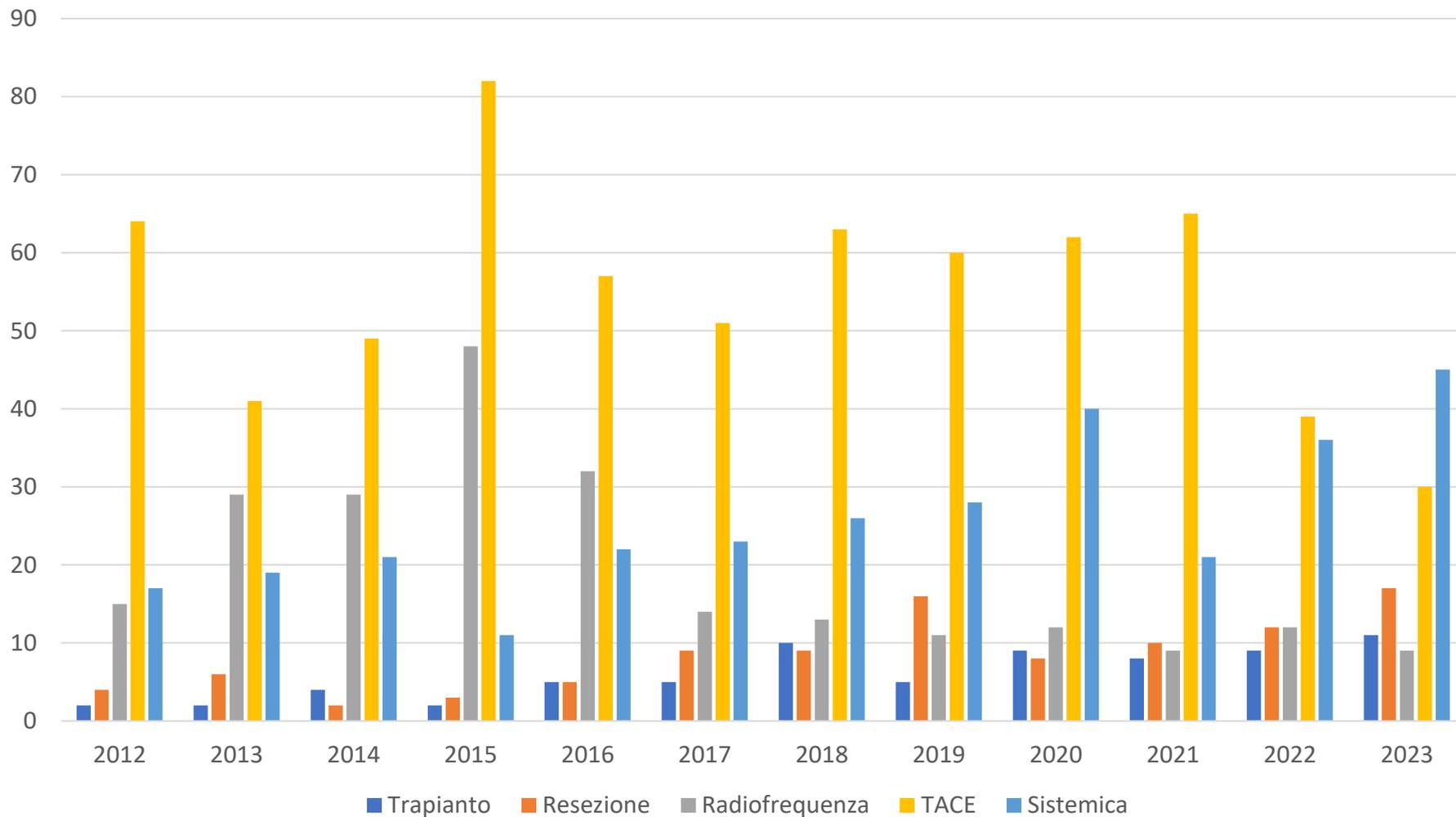
**N: 6348 casi**

# Team Multidisciplinare Trattamenti (1)



**N: 1335 trattamenti**

# Team Multidisciplinare Trattamenti (2)



# Team Multidisciplinare

## Terapie sistemiche (n 226)

