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Summary

Panel discussion: HCC - all you need to know

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Digestive Oncology | Hepatobiliary

October 4, 2025

This panel discussion addressed practical challenges in hepatocellular carcinoma screening, prevention, and treatment selection, emphasizing the need for individualized decision-making in tumor boards and the evolving role of combination therapies.

KEY POINTS

- The speaker stated that the majority of patients are no longer eligible for ultrasound-based screening and require CT or MRI, increasing costs and medical burden; in clinical practice, the speaker uses the Galad score with a threshold of 12.8 to identify high-risk patients.
- Lifestyle modification including Mediterranean diet, regular exercise, and avoiding sedentarism was described by the speaker as capable of changing disease progression and preventing liver diseases including liver cancer, with the speaker advocating for liver rehabilitation programs and prescribed exercise.
- The speaker reported that three positive phase 3 trials of TACE plus immunotherapy met their primary endpoint of progression-free survival and showed consistently high response rates, but overall survival data are needed before it becomes standard of care; the combination may be considered for young, fit patients seeking downstaging for transplant.
- In transplant evaluation, the speaker stated that EASL recommends an AFP threshold of 500 ng/mL after all treatments, and the speaker noted that Germany has restrictions requiring evaluation at disease start, limiting downstaging options.
- The speaker expressed extreme caution using checkpoint inhibitors in patients with autoimmune hepatitis, preferring tyrosine kinase inhibitors as first choice, and noted that bevacizumab should be avoided if recent variceal banding was performed, though other effective options are now available.

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