

# Hepatobiliary & Pancreatic Oncology

## Introduction

The Hepatobiliary and Pancreatic Oncology Division deals with cancers of the liver, biliary system, and pancreas. The prognosis of patients with advanced or metastatic disease of hepatobiliary or pancreatic cancer is very poor. Various combination therapies are often required to treat cancers at these sites, and treatment strategies are carefully discussed by surgeons, radiologists, and medical oncologists at our conferences.

## Routine Activities

Systemic chemotherapy is indicated in patients with unresectable disease in hepatobiliary and pancreatic cancers, but it remains unsatisfactory and adequate. Therefore, clinical trials are carried out prior to practical therapy using several regimens as standard treatments.

In advanced pancreatic cancer, gemcitabine alone has been employed as standard therapy since its approval by the Ministry of Health, Labour and Welfare in 2001. S-1 was also approved for treatment of pancreatic cancer in August 2006. In principle, gemcitabine is first line chemotherapy, and S-1 alone is applied as second-line chemotherapy after gemcitabine.

Gemcitabine was approved for biliary tract cancer in Japan in June 2006, based on phase II studies conducted in Japan. Since then, gemcitabine has been used as the first-line chemotherapy for biliary tract cancer.

In hepatocellular carcinoma (HCC), distant metastasis or chemoembolization refractory stage is recognized as an indication for systemic chemotherapy. However, no standard regimen of systemic chemotherapy has been established, and only treatments during clinical trials are available.

Percutaneous ablation therapy, including ethanol injection (PEI) or radiofrequency ablation (RFA), is indicated as a standard treatment for HCC in patients with no more than 3 tumors, each less than 3 cm in diameter. RFA is currently the first choice for small HCCs. Transcatheter arterial chemoembolization (TACE) is routinely used to treat advanced or recurrent HCC if hepatectomy or ablation therapy is not indicated. Hepatic arterial infusion (HAI) chemotherapy with cisplatin has been used to treat very advanced HCC for which TACE is not indicated.

Percutaneous trans-hepatic biliary drainage (PTBD), cholangiography, and cholangioscopy are performed in patients with obstructive jaundice to relieve jaundice and determine the cause of the bile duct obstruction. Metallic stents are inserted in patients with obstructive jaundice to improve their quality of life. PTBD tubes can subsequently be removed in almost all patients with obstructive jaundice, further improving patients' quality of life.

● J. Furuse ●

Number of patients treated in 2002-2006					
	2002	2003	2004	2005	2006
New referrals	140	246	285	223	291
HCC	50	91	116	77	97
Biliary tract	24	43	49	42	60
Pancreas	60	91	103	104	134
Re-admission	286	285	311	323	478
HCC	219	193	222	212	289
Biliary tract	16	31	32	30	47
Pancreas	37	61	56	81	142
Total	426	531	596	546	769
HCC	269	284	338	289	386
Biliary tract	40	74	81	72	107
Pancreas	97	152	159	185	276