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## Curative lung metastectomy and complete pathological response after neo-adjuvant GEMOX chemotherapy for relapse fibrolamellar hepatocellular carcinoma: A case report in Malaysia

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Fibrolamellar hepatocellular carcinoma (FL-HCC) is a rare variant of hepatocellular carcinoma. It is commonly reported in young population with no underlying chronic liver disease and free of viral Hepatitis B and C. Local recurrence and distant metastasis are common despite better prognosis compared to conventional hepatocellular carcinoma. Complete surgical resection is associated with higher median survival and is the mainstay treatment option for localized FL-HCC. Multi-modality therapies such as TACE can be used to downstage upfront unresectable FL-HCC. Complete response with GEMOX chemotherapy has been reported in advanced metastatic FL-HCC and should be considered in upfront unresectable or metastatic disease. We present a case of locally advanced FL-HCC at initial diagnosis who underwent successful liver resection after multiple TACE, but subsequently developed biopsied proven relapse FL-HCC with oligo- left lung metastasis 2 years later. The patient responded to neo-adjuvant GEMOX chemotherapy with complete pathological response, and underwent a successful left lower lobectomy. She is disease free at 15 months follow up.

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## Preliminary results of main portal vein tumor thrombus treated by endovascular brachytherapy combined with sorafenib

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**Propose:** To evaluate the safety and efficacy of endovascular brachytherapy (EVBT) with Iodine-125 (125I) seeds strand implantation combined with stent placement and transarterial chemoembolization (TACE) followed by Sorafenib to treat hepatocellular carcinoma (HCC) with main portal vein tumor thrombus (MPVTT).

**Methods:** From January 2009 to December 2014, data of 30 consecutive HCC patients with MPVTT treated by TACE and Sorafenib were analyzed retrospectively. 125I seeds strand and stent were implanted in the main portal vein of 18 patients (Group A). The remaining 12 patients, who did not receive EVBT, served as control (Group B). The overall survival, progression-free survival, and treatment-related adverse events were compared between two groups.

**Results:** All locoregional and Sorafenib therapy were implemented successfully without serious treatment-related adverse events. During a mean of 12.0±12.1 months (range 2.2–62.5 months) follow-up, the median survival time was 18.4±8.1 months (95% CI, 2.6–34.2 months) in Group A, compared to 7.0±1.3 months (95% CI, 4.5–9.5 months) in Group B ($p<0.001$). Median progression-free survival time in Group A and B was 8.5±5.3 months (95% CI, 0.0–18.9 months) and 3.4±1.0 mouths (95% CI, 1.5–5.3 months) respectively ($p<0.001$).

**Conclusion:** Our preliminary results suggested that endovascular brachytherapy combined with Sorafenib might be a safe and effective palliative treatment option for main portal vein tumor thrombus.

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