

# LIVER CANCER AWARENESS MONTH

## HCC OUTREACH WORKSHOP

15 October 2022 | G Hotel Gurney, Georgetown, Penang

By Assoc. Prof. Dr. Ahmad Ramzi Yusoff

On Saturday, 15<sup>th</sup> Oct 2022, the Malaysian Society of Hepato-Pancreato-Biliary Surgeons (MyHPBS) participated in the **CPG Updates on Fatty Liver Screening, Hepatocellular Carcinoma (HCC) Risk Stratification and Timely Management of HCC** in conjunction with the Liver Cancer Awareness Month in G Hotel Gurney, Georgetown, Penang. This half-day event was co-organized by the Malaysian Medical Association, Academy of Medicine Malaysia, Family Medicine Specialists' Association, and MyHPBS. The event was sponsored by Roche, Malaysia, and the audience comprised family medicine specialists and general practitioners from the northern states of Peninsular Malaysia. About 40 participants attended the symposium along with representatives from Roche: Mr. Rybak, Mr. Kushel Singh Randhawa, Ms. Christine Gabrielle Bong, and Ms. Ong Yi Theng.

After lunch treat, the symposium was opened with a brief welcoming address and an introduction of the agenda by Assoc. Prof. Dr. Ahmad



**Liver Cancer Awareness Month**

**CPG UPDATE ON FATTY LIVER SCREENING, HCC RISK STRATIFICATION AND TIMELY MANAGEMENT OF HCC**

Time	Topic
12.00 - 1.00pm	Lunch
1.00 - 1.10pm	Introduction and welcoming remarks
1.10 - 1.50 pm	<ul style="list-style-type: none"> <li>Diabetes and fatty liver disease</li> <li>Screening and stratifying risk</li> <li>Primary care referral framework</li> <li>Introduction to liver ECHO</li> </ul> <b>Prof. Dr. Rosmawati Mohamed</b>
1.50 - 2.00 pm	Question and Answer session
2.00 - 2.40 pm	Case-based discussion
2.40 - 3.00 pm	Tea break
3.00 - 4.00 pm	<ul style="list-style-type: none"> <li>Changing landscape of hepatocellular carcinoma (HCC)- The NASH factor</li> <li>Optimal care pathway from NASH to hepatocellular carcinoma (HCC)</li> <li>The role of HCC surveillance</li> <li>Warning signs of HCC development</li> <li>Treatment options</li> </ul> <b>Dr. Lee Euxian</b> and <b>Dr. Leow Voon Meng</b>
4.00 - 4.35pm	<b>Dialogue session:</b> <ul style="list-style-type: none"> <li>Managing patients with liver mass and raised liver enzymes</li> <li>Liver disease screening &amp; diagnosis</li> <li>Referral pathway &amp; MDT discussions</li> </ul>
4.35 - 4.45pm	Question and Answer session
4.45 - 5.00pm	Conclusion and closing remarks

**Meet the Panel**

**Chairperson**

**Dr. Vasu Pillai A/L Letchumanan**  
Hepatobiliary Surgeon  
Penang

**Speakers**

**Prof. Dr. Rosmawati Mohamed**  
Consultant Hepatologist  
Kuala Lumpur

**Dr. Lee Euxian**  
Hepatobiliary Surgeon  
Kedah

**Dr. Leow Voon Meng**  
Hepatobiliary Surgeon  
Penang & Kuala Lumpur

**Dr. Sri Wahyu bt Taher**  
Ex-President  
Family Medicine Specialists Association (FMSA)

**Assoc. Prof. Dr. Ahmad Ramzi Yusoff**  
Vice President  
Malaysian Society of Hepato-Pancreato-Biliary Surgeons

**Event Details**

15th October 2022, Saturday  
12.00 PM - 5.00 PM

G Hotel Gurney, Georgetown, Penang  
(Salon III and IV)

**REGISTER NOW**  
(Total no. of pax: 35)

Event ID: 21329 **4CPD points**

**FOR HEALTHCARE PROFESSIONALS ONLY**

Roche Malaysia Sdn. Bhd.  
Level 21, The Pinnacle,  
Persiaran Legenda, Bandar Sunway,  
47500 Subang Jaya, Selangor Darul Ehsan  
Tel: +603-7638 6400

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For any inquiries, kindly contact Christine Gabrielle Bong at:  
christine.gabrielle.bong@roche.com  
+6012 253 4206

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Ramzi Yusoff, Vice-President of MyHPBS from the Universiti Teknologi MARA. He remarked that the meeting was significant and timely in view of the rising incidence of fatty liver disease in the population which has become an important risk factor for liver cirrhosis and HCC.

The first session was moderated by Assoc. Prof. Dr. Ahmad Ramzi kicked off with a talk by Professor Dr. Rosmawati Mohamed, a renowned hepatologist from the University Malaya Medical Centre and current Master of Academy of Medicine Malaysia. She is also the Co-chairperson of the WHO Global and Western-Pacific Region Strategic and



*The first session*

Technical Advisory Committee for Viral Hepatitis. Her excellent and insightful talk covered the **burden of diabetes** worldwide and in the country, **and its effect on the liver causing non-alcoholic fatty liver disease (NAFLD) or metabolic-associated fatty liver disease (MAFLD)**. The spectrum of the disease exists as simple hepatic steatosis without inflammation or non-alcoholic fatty liver (NAFL) to hepatic steatosis with liver inflammation or non-alcoholic steatohepatitis (NASH) where both cause progressive liver fibrosis and eventually cirrhosis.

Prof. Dr. Rosmawati stressed the importance of screening for individuals with NAFLD especially those with diabetes mellitus, hypertension, dyslipidemia, and high body mass index that are frequently seen in the community clinic during their regular follow-ups. One of the tools that must be incorporated into the primary care practice is **FIB-4 scoring**. It is a score that uses a combination of patient age, platelet count, AST, and ALT to stratify these individuals of their HCC risk who may benefit from further testing using a Fibroscan or biopsy. The score has a negative predictive value of over 90% for advanced liver fibrosis if it is  $<1.45$  whereas a score of  $>3.25$  has a positive predictive value of 65% for advanced fibrosis with a specificity of 97%.

She concluded the talk by **introducing liver ECHO** or Extension for Community Healthcare Outcomes which is an online platform for physicians to discuss cases of interest and serve to promote a safe learning experience via virtual means. It was an initial online multidisciplinary discussion among the teams in the UMMC which has now been expanded into a regular MDT discussion of liver cancer cases between various institutions, prior to patient consultation in the clinic.

The second session followed with a **case-based discussion** of a typical clinical scenario that occurred in a GP setting and how the FIB-4 scoring algorithm can be incorporated as a screening tool. Dr. Teoh May Winn, a family medicine specialist from Kedah illustrated a case of a 40-year-old gentleman with diabetes mellitus, hypertension, and hypercholesterolemia who struggles with his weight problem and busy work schedule. The blood investigation revealed no significant abnormality except for HbA1C > 6.5% and elevated ALT on the liver function test. An ultrasound showed fatty liver disease and the calculated FIB-4 score was <1.35. NAFLD was diagnosed. He was prescribed with medication to control his diseases and emphasized dietary habit alteration and sedentary lifestyle changes. Although this advice was adhered to by the patient, no significant improvements were demonstrated in the following visit, therefore poses a dilemma to the primary care doctor with regard to his NAFLD progression and future liver fibrosis.

After a brief tea break, the third session resumed with a talk on **the changing landscape of HCC by the NASH factor** by Dr. Lee Euxian, a hepatobiliary surgeon from Hospital Sultanah Bahiyah, Alor Star. The session was moderated by Dr. Vasu Pillai Letchumanan, a consultant hepatobiliary surgeon at Bagan Specialist Centre representing the MMA and MyHPBS. According to Dr. Lee, from the GLOBOCAN 2020 data, HCC is the third commonest cancer and the sixth most common cause of cancer death worldwide.



*Tea-break and Networking*



Although chronic hepatitis viral infection is still the leading etiology of HCC, especially in our region, NAFLD has become an important risk factor for HCC and may supersede the viral etiology. This observation was confirmed by a study conducted among HCC patients treated in his center from 2015 to 2019 that showed non-cirrhotic liver or fatty liver was the significant background liver etiology of HCC. He added that HCC diagnosis is established through dynamic multiphasic CT or MR imaging and the treatment algorithm follows the BCLC system in his center.

The next session speaker was Dr. Leow Voon Meng, a consultant hepatobiliary surgeon from the Advanced Medical and Dental Institute, Universiti Sains Malaysia and Hospital Sultanah Bahiyah, Alor Star. He elaborated on the **optimal care pathway from NASH to HCC and the role of HCC surveillance**. Factors that could halt the progression of NAFLD especially dietary and exercises as well as the role of pre-and probiotics were also reviewed. Although early HCC is treated by liver resection or liver transplantation, the recurrence rate is high, especially after resection, therefore, adjuvant treatment has become an emerging aspect of management for HCC. Tyrosine kinase inhibitors, anti-angiogenesis, and various immune checkpoint inhibitors or immunotherapy have become the latest addition to the treatment options for intermediate or unresectable HCC, according to Dr. Leow.

Finally, the symposium ended with a **dialogue session** featuring Prof. Dr. Rosmawati Mohamed, Assoc. Prof. Dr. Ahmad Ramzi Yusoff, Dr. Leow Voon Meng, and Dr. Lee Euxian. Dr. Sri Wahyu Taher, former President of the FMS Association, and Dr. Segaran Xavier were also part of the panel experts. The session was well moderated by Dr. Vasu Pillai. Among the questions

that were posed to the panel and eloquently discussed were “what to do when a patient presents with a liver mass”, “what we should do with deranged liver enzymes in a patient”, and “how often should a cirrhotic patient be screened to improve HCC time to diagnosis”. The localized pathway of referral to the HPB center for suspicious liver lesions or HCC, nationwide access to MDT via the liver ECHO model, the utilization of FIB-4 scoring



*Dialogue Session*

among primary care providers across the country, and the barriers to the adoption of FIB-4 were also brilliantly explained and explored.

Overall, it was an excellent and lively interaction among the attendees with the expert panels. It is hoped that such symposium offers an essential avenue for the participants to continuously update their knowledge of NAFLD, HCC, and their management. The symposium was adjourned at 5.30 pm with a word of thanks from the chairperson.



*From L to R: Dr Sri Wahyu, Prof Rosmawati, Dr Leow, A/P Ramzi, Dr Vasu, Dr Lee and Dr Segaran*

