

## 什么是肝癌?

肝癌是男性第四最常见的癌症。肝脏是个占据腹部右边的大器官。这个器官相当重要,有许多功能:

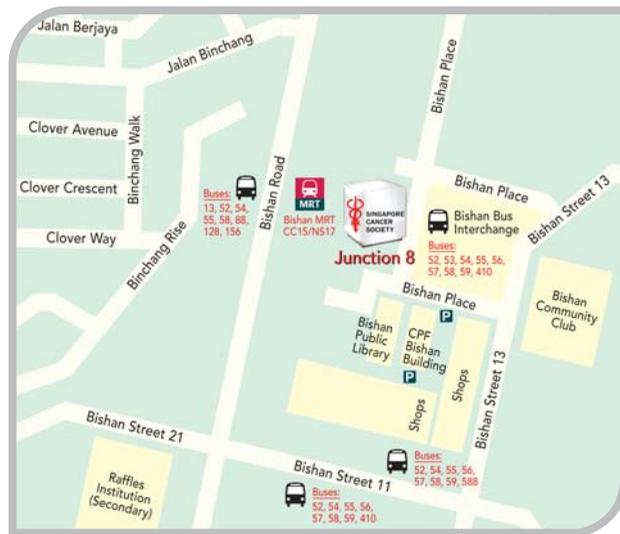
- 肝脏能够产生在肠道内消化脂肪所需的胆汁
- 合成蛋白质
- 储存葡萄糖和脂肪
- 分解酒精之类的毒性物质

肝癌也称为肝细胞癌(HCC),是由肝细胞病变而来。肝癌通常只在长时间受疾病或化学药品严重损害的肝里出现。它导致肝变硬和收缩——即称为肝硬化的疾病。由于肝脏是个大器官,当肝癌还很小(直径小于5公分)时通常不表现症状。当肝癌不断扩散时,可渗透肝脏外膜或堵塞胆管,这个阶段的肝癌才会出现症状。肝癌可在肝内部形成许多小瘤,并扩散入血管。这些特征使它们很难通过外科手术切除。肝脏也会发生另一种称为继发性或转移性癌症的疾病。身体其他部位形成癌症,并在肝脏形成继发性堆积。常见的例子是结肠直肠癌通过血流扩散入肝脏。

## 有什么征兆和症状?

症状一般在晚期才出现,病患可能出现:

- 失去食欲,体重下降和疲劳/全身无力
- 当癌症扩大时,病患可能感觉腹部右上持续疼痛或肿大/肩胛骨
- 腹围增加导致之肝脏肿大或腹水
- 黄疸
- 慢性肝炎或肝硬化病患的总体病情有剧烈的变化
- 恶心和呕吐



### Singapore Cancer Society Multi-Service Centre

9 Bishan Place, Junction 8 Office Tower #06-05, Singapore 579837

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Location 地点	Bus Numbers 巴士号码
Bishan Bus Interchange	52, 53, 54, 55, 56, 57, 58, 59, 410
In front of Bishan MRT Station	13, 52, 54, 55, 58, 88, 128, 156
Along Bishan St 11	52, 54, 55, 56, 57, 58, 59, 410

- Take Exit A at Bishan MRT Station.
- Walk through Junction 8 Shopping Centre in the direction of the Bus Interchange.
- Without crossing to the bus interchange at the traffic light, turn right and walk along the walkway to locate the Junction 8 Office Tower lobby.
- 在碧山地铁站走向A出口。
- 通过碧山第八站购物中心往巴士转换站方向行走。
- 在红绿灯路口之前右转,沿着走道向前走,就能到达碧山第八站办公大楼大厅。

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# LIVER CANCER | 肝癌

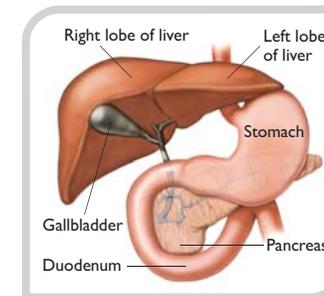


What you need to know about  
**preventing, detecting and  
treating Liver Cancer**

## What is Liver Cancer?

Liver cancer is the fourth commonest cancer in males in Singapore. The liver is a large organ occupying the upper right portion of the abdomen. It is an important organ with many functions:

- Production of bile which is needed for the digestion of fat in the intestines
- Protein synthesis
- Storage of glucose and fat
- Breakdown of toxic substances such as alcohol



Liver cancer, also known as hepatocellular carcinoma (HCC), arises from hepatocytes (liver cells). HCC often develops only in liver that is severely damaged by longstanding diseases or chemicals. The liver becomes hardened and shrunken — a condition called liver cirrhosis. When the liver cancer is small (less than 5 cm diameter), it often does not present symptoms as the liver is a large organ. When bigger and more advanced, liver cancer can infiltrate the liver capsule or obstruct the bile ducts. At this stage, it causes symptoms. Liver cancer can form many nodules within the liver and also spread into the blood vessels. These features make it difficult to surgically remove them. The liver is also the seat of another type of cancer called secondary or metastatic cancer. The main cancer forms elsewhere in the body and secondary deposits are formed in the liver. A common example is colorectal cancer spreading to the liver via the bloodstream.

## What are the Signs and Symptoms?

These usually do not show up until the later stages:

- Loss of appetite, loss of weight and fatigue / general weakness are the most common
- When the tumour is large, the patient may note a persistent pain or a lump on his upper right abdomen / shoulder blade
- Increase in the abdomen girth due to enlargement of liver or ascites (accumulation of fluid in the peritoneal cavity)
- Jaundice
- Dramatic change in the overall condition of a person with chronic hepatitis or cirrhosis
- Nausea and vomiting

The information provided is for your general knowledge only. You should seek medical advice or treatment for your specific condition.

## Are You at Risk?

The risk factors of HCC are similar to those for liver cirrhosis:

- **Chronic infection with hepatitis B and C viruses**  
About 10% of hepatitis B patients become carriers and they have an increased risk of developing HCC. A person is a carrier when his hepatitis B surface antigen (HBSAg) blood is positive. Infection with hepatitis C can also lead to HCC formation.
- **Obesity**
- **Family history** of liver cancer.
- **Alcohol** Excessive consumption of alcohol leads to liver cirrhosis and risk of HCC.
- **Aflatoxin** A poisonous substance produced by a fungus found in mouldy peanuts and grains.
- **Chemicals** such as nitrites, hydrocarbons, solvents, vinyl chloride are known carcinogens linked to HCC.
- **Inherited conditions** which cause liver cirrhosis e.g. Haemochromatosis, Wilson's disease.

## How to Prevent?

- Vaccinate against hepatitis B virus.
- Avoid contact with known liver carcinogens, especially alcohol and tobacco.
- Avoid heavy meat and animal fat intake. Avoid mouldy peanuts and grains.
- Go for regular screening if you are in the high risk group.



When HCC is detected early, it is small, localized and easier to remove surgically. Survival is also better. Screening is advised for the high risk group with liver cirrhosis, hepatitis B carrier or chronic hepatitis C infection. Screening involves:

- Blood test for alphafetoprotein (AFP) and liver function assessment every 3 months.
- Ultrasound scan of liver every 6 months.

## How is HCC Diagnosed?

The following tests are important:

- **Blood test for AFP.** This tumour marker is often raised in liver cancer patients.
- **Imaging studies** such as ultrasound scan, CT scan & MRI scans are used to confirm the presence and extent of HCC.
- **Invasive tests** such as angiogram, a test to study the blood flow to the HCC, is often performed to study the operability of the cancer.
- **Biopsy of the HCC.** A piece of the cancer is obtained for microscopic examination to confirm the cancer.

## How is HCC Treated

HCC is potentially curable if it is small (less than 5cm in diameter), solitary and the liver function is good. Only 10% of HCC fall into this category. If curative surgery is possible, 5-year survival is about 40%. If inoperable, very few patients survive 2 years.\*

**Surgery** is done to remove the HCC with a surrounding area of normal liver. This usually involves removing one lobe of the liver (hepatectomy). This is a major operation with small risk of complications and death. Total removal of liver and liver transplant is not currently recommended because of poor results, frequent recurrence, cost and lack of donor livers.

**Chemotherapy** is the use of toxic drugs to kill the cancer. Its role is limited in the treatment of HCC as this cancer is chemo-resistant. Two groups of HCC patients benefit from chemotherapy:

- After removal of HCC
- Inoperable HCC

**Radiation treatment** combined with chemotherapy offers some benefits in inoperable HCC.

Other treatment methods include the use of cryosurgery, ethanol injection, high energy waves to destroy the HCC. Another method is the introduction of a plastic tube into the hepatic artery for the purpose of injecting substances to kill the cancer or stop its blood supply. At present such treatment is used in the palliation of inoperable HCC.

## 你有发病因素吗?

肝癌的危险因素和肝硬化的危险因素雷同:

- B型和C型肝炎病毒的慢性感染。大约百分之十的B型肝炎病患会成为带原者,有发展肝癌的高风险。带原者是B型肝炎表面抗原(HBSAg)血液检查呈阳性的病患。世界许多地方发生越来越多的C型肝炎感染,也可导致肝癌的形成。
- **肥胖。**
- **肝癌家族史。**
- **酒精。**酗酒可导致肝硬化和罹患肝癌的风险。
- **黄曲霉毒素。**在发霉的花生和谷类上的真菌所产生的有毒物质。
- **和肝癌有关的致癌物质**如亚硝酸盐,碳氢化合物,溶剂,氯乙烯等化学品。
- **可导致肝硬化的遗传性疾病**,如血色素沉着症, Wilson's 病症。



## 如何预防肝癌?

- 注射B型肝炎病毒疫苗。
- 避免接触已知的肝脏致癌物质,特别是酒精。
- 避免摄取过多肉类和动物性脂肪。避免食用发霉的花生和谷粒。
- 如果您是高风险族群,请定期进行检查。

如果及早发现肝癌,肿瘤小而没有扩散,就较容易通过外科手术切除,存活率也较高。检验的目的是通过简单的测试及早发现肝癌。

研究显示,大规模的肝癌检验没有成本效益,因此不受推荐。但是,肝硬化, B型肝炎带原者或慢性C型肝炎感染的高风险族群应该定期接受检验。检验程序包括:

- 每3个月进行甲胎蛋白(AFP)血液检查和肝功能评估。
- 每6个月进行肝脏超声波扫描。

## 如何诊断肝癌?

下列检查相当重要:

- **甲胎蛋白血液检查。**这个肿瘤标记在肝癌病患身上通常偏高。
- **超声波扫描。**使用诸如超声波扫描,电脑断层扫描和磁共振造影扫描,证实肝癌的存在和程度。
- **血管造影术。**透过血管造影术(一项针对肝肿瘤血流流向的测试)来确定开刀的可行性。
- **活组织切片检查。**抽取可疑细胞切片,在显微镜下检查以证实癌症。

## 如何治疗肝癌?

如果肿瘤很小(直径小于五公分),独立,而且肝功能良好,就有可能可以治愈。只有百分之十的肝癌属于这个种类。如果可以进行医疗外科手术,五年存活率是大约百分之四十。如果不可以动手术,很少病患能存活两年。\*

**切除肝癌和周围正常肝脏区域的手术。**通常是切除肝脏的一个脏叶(肝切除术)。这是个大型手术,并发症的机会和死亡风险偏低。由于效果不好,复发率高,成本和肝脏捐赠者缺乏等原因,目前不推荐完全切除肝脏和进行肝脏移植。

**化疗使用毒性药品杀死癌症。**在肝癌治疗中效果有限,因为肝癌是抗化疗的。两种情况下可进行化疗:

- 切除肝癌之后
- 不可以动手术的肝癌

**放射疗法。**不可以动手术的病患可结合进行放射疗法和化疗。

较新的治疗方法包括使用冷冻手术,乙醇注射,高能量波破坏肝癌细胞。另一种方法是将塑胶管伸入肝动脉,目的是注射物质杀死癌症或停止血液供应。目前这种治疗方法是用在缓和不可以动手术的肝癌。