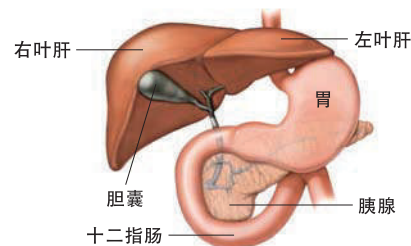


## 什么是肝癌？

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。肝癌通常发生于长时间受疾病或化学药品严重损害的肝脏受损肝脏会变硬并缩小，形成肝硬化。肝硬化患者的肝癌发病风险会增加。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。当肝癌不断增大并扩散时，可渗透至肝脏外膜或堵塞胆管，这个阶段的肝癌才会表现症状。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。肝脏也是继发性或转移性癌症的好发部位，即原发癌症发生于身体其他部位，并在肝脏形成继发性肿瘤。常见的例子是结肠直肠癌通过血流扩散入至肝脏。

## 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
- 当肿瘤较大时，右上腹/肩胛骨持续疼痛或右上腹肿块
- 因肝脏肿大或腹水导致的腹围增加
- 黄疸
- 慢性肝炎或肝硬化病患的基本健康状况明显变差
- 恶心和呕吐

## 你有发病因素吗？

肝癌的危险因素与肝硬化很相似：

- B型和C型肝炎病毒的慢性感染。大约百分之十的B型肝炎病患会成为病毒携带者，即B型肝炎表面抗原(HBSAg)血液检查呈阳性的人，他们患肝癌的风险较高。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，并增加罹患肝癌的风险。
- **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，特别是酒精和烟草。
- 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。



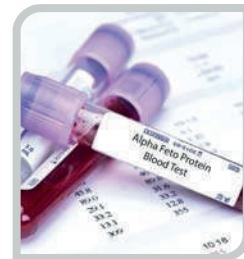
如果及早发现肝癌，肿瘤小而没有扩散，就较容易通过外科手术切除，存活率也较高。对于肝硬化患者、B型肝炎病毒携带者或慢性C型肝炎患者的高风险族群，建议定期接受以下检验：

- 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，以确定肝癌的存在和程度。
- **血管造影术。**透过血管造影术(一项针对肝肿瘤血液流向的测试)以确定手术的可行性。
- **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？

肝癌治疗方案取决于癌症的分期、基本健康状况以及延长生命并缓解症状的可能性等因素。肝癌的治疗方式包括：

- **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，但并发症的机会和死亡风险较低。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细胞。**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，目的是注射药物以杀死癌细胞或停止血液供应。目前这种治疗方法用于不可以动手术的肝癌姑息治疗。

## Singapore Cancer Society Screening & Vaccination Services 新加坡防癌协会癌症筛查和疫苗接种服务

**Mammogram for Breast Cancer**  
乳房X光片，筛查乳腺癌



**Human Papillomavirus (HPV) Test for Cervical Cancer**  
人乳头瘤病毒(HPV)检测，筛查子宫颈癌



**Pap Test for Cervical Cancer**  
子宫颈抹片检查，筛查子宫颈癌



**Faecal Immunochemical Test (FIT) for Colorectal Cancer**  
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SCS Satellite Office @ National Cancer Centre Singapore

# LIVER CANCER | 肝癌



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



**你知道吗？**  
1 相比于女性患者，肝癌在男性患者中更为常见。

**2** 慢性乙肝或丙肝病毒感染会增加患肝癌的风险。

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

1K | 2019

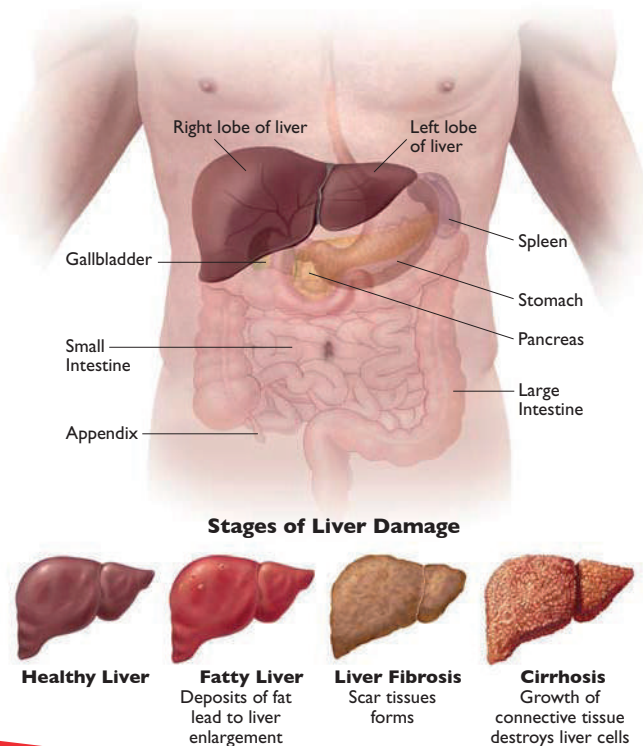


## What is Liver Cancer?

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. People with cirrhosis have an increased risk of liver cancer. 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



## 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. Wilson's disease, Haemochromatosis.



## 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:

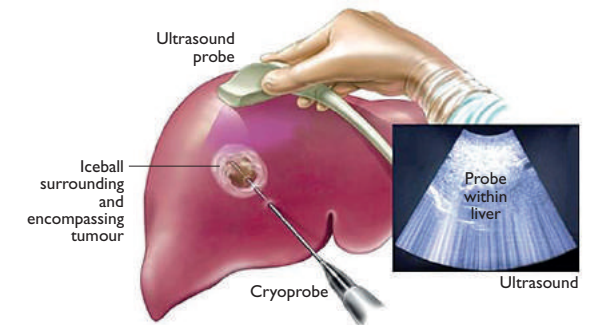
- **Blood test for AFP.** This tumour marker is often raised in liver cancer patients.
- **Imaging studies** such as ultrasound scan, CT scan & MRI scans are used to confirm the presence and extent of HCC.
- **Invasive tests** such as angiogram, a test to study the blood flow to the HCC, is often performed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

There are different treatments available for HCC, depending on the stage of the cancer, the overall health condition, as well as the chances of extending life and relieving symptoms. Treatment options may include:

- **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.



1

Liver cancer is seen more often in men than in women.

2

Chronic Hepatitis B or C infection increases the risk of getting liver cancer.