LETTER TO THE EDITOR

GEMOX as the Best Hope for Combined Hepatocellular Carcinoma and Cholangiocarcinoma?

Sir,

Hybrid liver cancer (Combined Hepatocellular Carcinoma and Cholangiocarcinoma, CHCC-CC) is rare in clinical practice and it accounts for about 0.7 - 5.2% of primary liver cancer. At present, comprehensive predominantly surgical treatment is still the most effective treatment. The CHCC-CC postoperative recurrence rate is 81% to 95%, the residual liver is the most common site, followed by pulmonary metastasis, prognosis is poor, the median survival rate is 18 - 32 months.

Sorafenib is a novel oral multikinase inhibitor that inhibits Raf-kinase because of its anti-proliferative property. To date, sorafenib is the first agent with high-level evidence of efficacy in patients with advanced HCC. In the international, phase-III, placebo-controlled sorafenib HCC Assessment, a randomized trial evaluated 602 patients with advanced HCC; the median OS was 10.7 months in the sorafenib group and 7.9 months in the placebo group (HR = 0.69; p = 0.001). The median TTP was 5.5 months in the sorafenib group and 2.8 months in the placebo group (p = 0.001). In another Asian-Pacific randomized phase-III study, sorafenib also demonstrated improved OS in patients with advanced HCC, mostly in patients with hepatitis B virus infection. At the present time, there is no cytotoxic drug or regimen that can be clearly defined as a standard for treating HCC, and chemotherapy should not be considered as an option for patients with HCC. Although combination efficiency can be increased to 20 - 35%, the average survival rate is less than 5 months.

Gemcitabine is a nucleoside metabolic inhibitor that kills cells undergoing DNA synthesis and blocks the progression of cells through the G1/S-phase boundary. Oxaliplatin is a third generation platinum analog, inhibiting DNA replication and transcription and substitute the amine groups of cisplatin. Finally, based on clinical studies, they have shown synergy between these two anticarcinogens to HCC. Gemox regimen is effective for Hepatocellular Carcinoma (HCC).

Each study for the first time confirmed that FOLFOX containing oxaliplatin is a new solutions to patients with advanced liver cancer, a 20% lower risk of death, a 38% lower risk of relapse metastasis and tumor, significantly higher objective response rate reaching to 8.2%. The state food and drug administration approved for not suitable for surgical resection or partial treatment of locally advanced and metastatic Hepatocellular Carcinoma (HCC) treatment indications. FOLFOX became the world’s first chemotherapy drugs approved for system of liver cancer.

Many studies on gemcitabine have shown promise in patients with cholangiocarcinoma. Other newer chemoregimens active in cholangiocarcinoma such as taxanes or irinotecan could have also been tried.

Little published data exist in respect to applying systemic chemotheraphy for advanced CHCC-CCs, besides a few case reports. Platinum, gemcitabine and fluorouracil appeared to be the chemo-agents frequently chosen, while doxorubicin has also been used.

Pakistan is located in South-Asian region, where the prevalence of hepatitis B and C is intermediate. Considering the burden of hepatitis B and C, it is expected that HCC will be a major burden on their healthcare systems. It is encouraging that centres of excellence are being developed where proper facilities for the diagnosis and management of liver disease should be available.

CHCC-CC is a malignant tumor with composition of both liver cells and cholangiocarcinoma. In theory, regimen consisting of gemcitabine and oxaliplatin is effective but there is less research about GEMOX regimen for CHCC-CC. It is worthy of further studies on large samples to be confirmed.

REFERENCES


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