# ILCA 主席专访丨睽违三年，点亮肝癌临床诊疗思辨之光

ILCA 现任主席 Jessica Zucman-Rossi 教授专访

Dr Zucman-Rossi: I am very proud to be President for this ILCA Annual Conference in Madrid in 2022, because it is the first in-person conference after three years due to the COVID pandemic, so it is very important for us. The first objective is to network with colleagues and members of ILCA. This is an international association, so we have attendees coming from all the continents. It is important to have that diversity here at ILCA bringing together experts in the field of liver cancer treatment. The innovations this year include a full debate on the question of the best treatment for liver cancer, in particular, how we introduce the sequencing of systemic therapy to treat our patients. Another innovation is a wonderful symposium on artificial intelligence, and how it can change our care for patients and be introduced into clinical practice. We also introduced ILCA Patient Advocacy whereby we include patients at the center of our determinations. We not only want to include patients in presentations, but we have written some recommendations for patient advocacy in the field of liver cancer.

Dr Zucman-Rossi: In the field of molecular biology, we have made a lot of progress. This is important to better understand the mechanisms of carcinogenesis in the liver. We have identified different subtypes. We have histological subtypes that correlate to different types of tumors, and we are working on translating that into imaging recognition. To introduce and include these molecular classifications into clinical practice, we need to have validation in histology and imaging, but this will facilitate better care of our patients. We have a lot of molecular markers and molecular subtypes that influence the behavior and evolution of the disease. These could be targeted with specific therapies.

Dr Zucman-Rossi: Patients with HCC frequently have multiple anatomically distinct tumors. In these patients, multifocal HCC could represent intrahepatic metastases (IM) of a single cancer or multicentric occurrence (MO) with multiple independent neoplasms. The prognosis is completely different, and for sure, intrahepatic metastases are associated with a very poor prognosis. We have a lot of biomarkers that can differentiate between these two subtypes in the evolution of an hepatocellular carcinoma, and these should be included in the care of the patient.

Dr Zucman-Rossi: There are differences in managing these different tumor types, in particular, with transplantation, for example. With a worse prognosis in intrahepatic metastases, they are not good candidates for transplantation, but we need to discuss that. We need to validate different treatment strategies in future prospective clinical trials.

Dr Zucman-Rossi: For future research, we have a lot of projects to work on. Firstly, to identify genetic markers for liver cancer, particularly those with higher risk for hepatocellular carcinoma, and to customize the management of patients according to the molecular nature of the tumor. Genetic markers are also very helpful to identify people prone to familial disease. It is quite rare, but we need to be aware of a family history of liver cancer and the potential for genetic risk. Once a diagnosis of HCC is made, we need to better understand the relationship between genetic markers and response to treatment, and the prognosis associated with the tumor type. All this work with genetic markers has to be done in relation to the different comorbidities of patients. We already know that genetic markers can be associated with the risk of infectious disease or risk of NASH, so we need to be able to discriminate between all these potential etiologies.