

Section 4

The whole patient setting

Therapy decisions for the individual patient: importance of a **multidisciplinary team approach**

The previous radiology and therapy sections show that many specialties are involved in the care, support, decision making, and management of any individual patient with hepatocellular carcinoma (HCC). The specialists include the gastroenterologist/hepatologist, diagnostic radiologist, interventional radiologist, pathologist, oncologist, nuclear medicine professional (radiation safety and radiation pharmacy for radioembolization), liver surgeon, liver transplant surgeon, chemotherapy nurse, and data/IT manager as well as a social worker, a psychologist, and often a dietitian. In practice, all of these professionals need to be involved in the direct care of the patient (except IT) at some phase in the disease process, but especially to discuss the individual patient together after the initial diagnostic work up and for treatment planning. The complexity of the two diseases usually requires more than the skills of a single practitioner. In addition, for many treatment decisions, more than one choice is available at any time in the disease progression, and the strength of the evidence for each approach can be variable and the approach can also depend on the local physician's skills or experience (eg, resection, radiofrequency ablation [RFA], percutaneous ethanol injection, cryoablation, or transarterial chemoembolization [TACE] versus radioembolization). Thus, the best advice and service available to any individual patient may require cross-specialty discussions that are often available mainly in large medical centers. Geography may impose some limitations on patients' ability to receive this care, but the multispecialty team is the optimal management choice for patient care and treating HCC .

Summary for patients, families, and caregivers

More than one healthcare professional is needed to care for patients with HCC. A multidisciplinary team of specialist physicians, nurses, and other healthcare professionals is required to ensure that their patients receive the best possible medical care. The healthcare team's different backgrounds and knowledge will help support the patient and manage their HCC and liver diseases.

The specialists include:

- Gastroenterologist – a physician who manages the digestive system (stomach, colon, intestines, etc)
- Hepatologist – a physician who manages the liver and related organs (gallbladder, pancreas, etc)
- Radiologists – a physician who uses images to diagnose and treat diseases
- Pathologist – a physician who studies and diagnoses diseases
- Oncologist – a physician who manages cancers and administers anticancer medicines
- Nuclear medicine professional – a healthcare professional who studies and manages the use of radiation and nuclear medicine for imaging and related treatments
- Liver surgeon, liver transplant surgeon – physicians who perform surgeries related to the liver and transplanting the liver
- Chemotherapy nurse – a nurse who administers anticancer drugs (chemotherapy) and supports the patients during treatment

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Summary for patients, families, and caregivers (continued)

- Dietitians – healthcare professionals who advise patients on healthy eating
- Psychologists – healthcare professionals who evaluate, diagnose, and treat patients' mental processes and behaviors
- Social workers – professionals who help patients improve their quality of life and well-being

Psychosocial considerations, family, support groups

Most patients with any type of cancer do not live in isolation, but as part of a context that involves a partner, family, community, or all three. Not only does a deadly disease have an effect on family and dependents, but people close to the patient can often play a crucial role in patient coping and compliance with medical advice. While obvious, this has particular relevance to HCC in several respects. First, the liver transplant team normally requires functional family support for the patient to endure the treatment-associated procedures and symptoms as well as to comply with treatment recommendations. Second, in many ways, HCC is a psychosocial disease. This is particularly true of HCC induced by chronic alcoholism or recreational drug use and any associated hepatitis infection; these two factors often coexist in the same patient. Furthermore, alcoholism (and cigarette smoking) can increase the risks of HCC in patients with aflatoxin B₁ exposure, as well as in patients who are hepatitis carriers. In addition to these self-inflicted behavioral issues, many patients developed HCV as a result of contaminated blood transfusions before there were tests for HCV. Thus, considerations of guilt, remorse, or victimization add to the general psychological issues of patients with HCC who have the same fears and hopes that are common to most patients with cancer. Men seem to have more difficulty than women in sharing and expressing their fears and anger. The sharing of their emotions can lead to support from friends, family, or cancer support groups. All these considerations are important factors in the treatment of the patient with HCC and are often necessary in helping patients cope and comply with treatment recommendations, as well as coping with the side effects of hepatitis and cancer therapies. The whole panoply of psychosocial support is increasingly accepted as a standard and necessary aspect of good patient management.

Summary for patients, families, and caregivers

A diagnosis of HCC can affect the psychological well-being of the affected person as well as their partner, family, friends, and other caregivers. Patients may feel guilty, remorseful, or victimized after a diagnosis because risk factors of HCC are sometimes preventable (like drug abuse, alcoholism, and infection from a blood transfusion). An individual's social support system can play an important role in coming to terms with the disease and taking their treatment as instructed.

Further reading

- 1 Carr BI, Steel J. *Psychological Aspects of Cancer*. New York, NY: Springer Science+Business Media; 2013.
- 2 Carr BI, Pujol L. Pain at presentation and survival in hepatocellular carcinoma. *J Pain*. 2010;11:988-993.
- 3 Steel J, Baum A, Carr B. Quality of life in patients diagnosed with primary hepatocellular carcinoma: hepatic arterial infusion of Cisplatin versus 90-Yttrium microspheres (Therasphere). *Psychooncology*. 2004;13:73-79.
- 4 Steel JL, Geller DA, Gamblin TC, Olek MC, Carr BI. Depression, immunity, and survival in patients with hepatobiliary carcinoma. *J Clin Oncol*. 2007;25:2397-2405.
- 5 Davila JA, Duan Z, McGlynn KA, El-Serag HB. Utilization and outcomes of palliative therapy for hepatocellular carcinoma: a population-based study in the United States. *J Clin Gastroenterol*. 2012;46:71-77.