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Clinical trials are available for patients with advanced or intermediate stage disease, using new ablative treatment, new targeted agents, and combinations of treatments to target specific intracellular mechanisms of the liver cancer. Yale Cancer Center emphasizes the importance of clinical trials and continually strives to provide our patients with the most current therapies. In close collaboration with basic scientists, clinical research is focused on developing innovative strategies to help clinicians, control, and palliate tumors in patients. We perform state-of-the-art genomic profiling and drug discovery efforts to determine the biologic weaknesses of the tumors and to develop better therapies. Many of these drugs are exploring new types of therapy and new combinations of therapies and many of our studies are available at our network of Care Centers.

HOW TO MAKE AN APPOINTMENT
For more information or to schedule an appointment with a member of the Liver Cancer Program, please contact 203.200.5487 (LIVR). Our goal is to ensure that each patient has an outstanding and positive cancer care experience. When you call, a patient intake coordinator will help to arrange your appointments so that you will see all of the specialists needed during an initial visit. We provide both in-person and telehealth visits, although we recommend that the first visit be in person, at our main campus, as this will enable a better assessment of your overall conditions. We also work in close coordination with our Smilow Cancer Hospital Care Centers and we have hepatology clinics in Westport, Westerly, New Haven, North Haven, Bridgeport, and Danbury, where follow-up can be arranged.

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Gary
For Gary’s story:
m.yale.edu/gary-story

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For Marissa’s story: m.yale.edu/marissa-story

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In the Liver Cancer Program at Smilow Cancer Hospital, an entire spectrum of systemic cancer treatment for those in need, as well as access to innovative medications through clinical trials, is tailored to each individual patient. Our teams offer the entire spectrum of surgical care including complex, multiviseral liver resection, and minimally-invasive surgical approaches such as robotic liver surgery. The technical approach is selected for each patient’s disease stage and is matched to the patient and the family. Our transplant surgeons perform both cadaveric and living donor transplant. These are some of the treatments performed, but the options available are more extensive:

- Image-guidance. Loco-regional treatment is also the main modality to downstage liver cancer in patients listed for transplant. These are some of the treatments performed, but the options available are more extensive:
  - Radioembolization (Y90): a minimally invasive procedure that combines embolization and radiation. It directly targets tumors with a high concentration of a radioactive isotope – yttrium-90 (Y90).
  - IRE (irreversible electroporation): a state-of-the-art minimally invasive cancer treatment that applies a high voltage of electrical pulses to induce precision targeted cancer death, while sparing surrounding tissue. IRE for liver tumors is particularly useful when tumors are deep or in locations where traditional approaches are not feasible because of the risk of major bleeding, organ injury, and neighboring structures.
  - Stereotactic Body Radiation Therapy (SBRT): a non-invasive modality that delivers a high dose of radiation to the tumor while minimizing surrounding tissue damage in the liver.
  - SBRT is effective at shrinking tumors, controlling disease, and improving the patient's quality of life.
  - It can be used as a single treatment or in combination with other therapies.

Our medical oncology team provides experience and knowledge of innovative treatment options and investigational therapies. Chemotherapy is used in the treatment of primary liver cancer. However, there are several new options for targeted biologic therapies (a special type of oncologic therapy that targets the changes in a cancer's cell cycle that help the cancer grow, divide, and spread) and for immunotherapy that is treating the body as its own immune system to fight and destroy cancer cells. Clinical trials investigating immunotherapy and combinational targeted therapies are also available.

**Radiation oncology**

Radiotherapy may be necessary for tumors that cannot be removed by surgery or liver cancer that has spread (metastasized) to other parts of the body. Patients who are candidates for radiation treatment are cared for through the Liver Cancer Program at Smilow Cancer Hospital and need radiation oncology, our team confirmed that they can see the highest quality of care. Our Radiation Oncology team is one of the largest programs in the state of Connecticut. The service is offered in the Liver Cancer Program at Smilow Cancer Hospital and our available techniques include stereotactic body radiation therapy (SBRT) which is a non-invasive treatment technique that delivers a large dose of radiation to tumors while minimizing the damage to normal tissue. We are currently leading the national study for advanced liver cancer, focusing on innovative treatment options.

**Pathology**

Liver pathologists are an integral part of our care and the liver tumor board and are available to care for patients with any type of liver disease. We are fortunate to have liver pathologists with experience in all kinds of common and liver diseases. Furthermore, the Department of Pathology offers a study of lymph nodes of the tumor, including genotyping, to patients with HCC, genotyping is essential to guide novel medical therapies.
They never gave up on me, and I am so thankful that they kept believing in me. Each patient’s diagnosis and treatment are based on a number of factors that must be addressed to achieve the best possible outcome. In addition to the patient’s specific disease, the location of the tumor, and the overall health of the patient, the family, and the team’s expertise are all considered. The team meets weekly at a NCI-designated Tumor Board to discuss each patient’s case and reach a consensus on the best personalized treatment plan. Our oncologists, nurses, and surgeons work together to provide the best possible care.

The Liver Cancer Program at Smilow Cancer Hospital offers an entire spectrum of care to patients with primary liver cancer, including surgical options, ablative therapies, minimally-invasive procedures, and liver transplantation. For patients diagnosed with early stage disease, whose tumor cannot be removed with surgery because of the location of the tumor or because the liver has too much disease, liver transplantation may be the solution. After treatment, our team of hepatologists and surgical oncologists is available to our patients. For some patients, these treatments can cure their disease, while for others, liver transplantation may be the solution. Our team of hepatologists provides specialized care to manage liver disease, preserve liver function, monitor for possible recurrence of cancer or cirrhosis, and provide for our patients and/or families include nutritional counseling, physical therapy, art therapy, and pastoral support.

The incidence of liver and bile duct cancer is growing, and about 42,000 new cases are diagnosed each year in the United States. The Liver Cancer Program at Smilow Cancer Hospital offers an entire spectrum of care to patients with primary liver cancer, including surgical options, ablative therapies, minimally-invasive procedures, and liver transplantation. For patients diagnosed with early stage disease, whose tumor cannot be removed with surgery, liver transplantation may be the solution. Our team of hepatologists and surgical oncologists is available to our patients. For some patients, these treatments can cure their disease, while for others, liver transplantation may be the solution. Our team of hepatologists provides specialized care to manage liver disease, preserve liver function, monitor for possible recurrence of cancer or cirrhosis, and provide further care.

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The Liver Cancer Program at Smilow Cancer Hospital offers an entire spectrum of therapies for primary liver cancers, also known as hepatocellular carcinoma (HCC) and intrahepatic cholangiocarcinoma (iCCA). Our team is dedicated to diagnosing liver cancer early, starting with screening for our patients and/or families include nutritional counseling, physical therapy, art therapy, and support from social workers to ensure psychosocial support during their treatment. Other available resources include bibliotherapy, selected cases, contrast-enhanced liver ultrasound is also available.

Liver imaging is a major component of our diagnostic armamentarium and requires specialized equipment and highly trained radiologists. A wide range of imaging modalities is available to our patients, including conventional radiographs, sonography, computed tomography (CT), magnetic resonance imaging (MRI), and positron-emission tomography (PET).

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They never gave up on me, and I am so thankful that they kept believing and guiding principle is to personalize and adapt care to the changing needs of the patient. To achieve this outstanding level of care, the Liver Cancer Program at Smilow Cancer Hospital offers an entire spectrum of systemic cancer treatment for those in need, as well as access to innovative medications through clinical trials. For patients diagnosed with early stage disease, whose tumor cannot be removed with surgery, radiation therapy. Tiny glass or resin beads filled with the radioactive isotope yttrium Y-90 are inserted with image-guidance. Loco-regional treatment is also the main modality to downstage liver cancer in patients listed for transplant and for those with metastatic disease. Radiofrequency ablation (RFA), microwave ablation (MWA), ultrasound-guided ethanol injection, and cryoablation all can make cancers smaller so that they are more likely to be removed with surgery. Resection and laparoscopic ablation. Our surgeons frequently work in tandem with our interventional radiologists and hepatologists to optimize liver function before surgery, making surgery safer and recovery easier. Patients are frequently treated with a multimodal approach that includes surgery, loco-regional, and systemic therapy. The first team you will meet after being referred to the program will likely be our dedicated hepatologists. Our medical oncology team provides experience and knowledge of innovative treatment options and will continue to work closely with our transplant hepatologists to ensure the best outcomes for our patients. For some patients, these treatments can cure their disease, while for others, liver transplantation may be the solution. For patients diagnosed with early stage disease, whose tumor cannot be removed with surgery, radiation therapy. Tiny glass or resin beads filled with the radioactive isotope yttrium Y-90 are inserted with image-guidance. 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Interventional radiologists (IR) use image-guidance to direct treatment directly to the liver tumor and to ensure that the normal tissue is protected. IRE (irreversible electroporation): a state-of-the-art minimally invasive cancer treatment that uses a unique electrode that works like an electrical fryer to heat up cancer cells by delivering repeated electrical pulses at high intensity. These repeated fields cause heat, a process called thermocoagulation, which kills the cancer cells. The goal of transarterial chemoembolization (TACE) is to deliver chemotherapy directly to the tumor. Intrahepatic cholangiocarcinoma (iCCA): a rare type of liver cancer not cured by surgery, radiation, or other conventional treatments. lobectomy surgery. This requires an automated process that identifies each patient’s disease stage and resolves a consensus on the best personalized treatment plan. Our guiding principle is to provide gentle and supportive care in the changing needs of the patient. 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