

21%, VO in 26%, hemorrhage in 10.5%, and icterus in 5%. Patients showed alpha-feto-protein levels > 400 ng in 42%. Thirty-seven percent of patients had CHILD PUGH A, 53% CHILD PUGH B, and 10.5% CHILD PUGH C. BCLC Classification was 10.5% ST B and 89.4% ST C. Surgery was performed in 2 patients and systemic treatment performed in 68%. For the 1ST line (SORAFENIB), the average number of cycles was 3 (range 1-10). The dose was 400mg in 2 patients, 600mg in 6 patients, and 800mg in 8 patients. The adverse events were asthenia G2 in 15%, anorexia G2 in 15%, hand-foot syndrome in 15%, and arterial hypertension in 21%. Evaluation of 8 patients, showed stability in 6 patients, progression in 2 patients, and death in 2 patients. Median survival was 13 months.

**Conclusion:** The prevalence of HCC in patients with chronic liver disease is still very high in our context. The diagnostic and therapeutic management of HCC is complex and requires a multidisciplinary approach. It would be necessary to mobilize resources for prevention and early treatment to control the disease.

**P – 155** The management of hepatocellular carcinoma: a report of 19 cases

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**Introduction:** Hepatocellular carcinoma (HCC) is the most common malignant liver tumour. The incidence of this cancer has increased markedly in recent years and is rising in areas where viral hepatitis is endemic. In Algeria, hepatocellular carcinoma is rare. The primary objective of this study was to determine the prevalence and epidemiological profile of hepatocellular carcinoma in patients with chronic liver disease treated in the medical oncology department.

**Methods:** We retrospectively conducted this study from October 2014 to October 2018 in the medical oncology department of the Anti-cancer Center of Oran. Nineteen patients with HCC were included.

**Results:** In all, 19 patients were recruited; mean age was 54.7 years, range (44-88 years), 73.6% were male, 26.3% were female. The performance status was as follows: OMS1 52.6%, OMS2 36.8%, and OMS3 10.5%. Histological diagnosis was established in 57% of patients. Ultrasonography and abdominal computed tomography (CT) demonstrated the presence of hypervascular hepatic lesions (WASH-OUT) in 26% of patients, one mass in 84%, and multiples nodules in 16%. The risk factors included smoking in 25%, alcohol use in 14%, diabetes in 17.8%, Hepatitis B in 10%, and Hepatitis C in 36.84%. The clinical symptoms were abdominal pain in 79%, HPMG in 42%, SPMG in