

**Stem Cell Differentiation Stage Factor as a possible  
new approach for liver transplantation waiting list  
management of HCC: from a clinical observation  
toward a proposal for future research**

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- *Male, 53 years*
- *HCV cirrhosis and HCC*
- *Child-Pugh C, MELD 12*
- *2 HCC lesions: 16 mm V seg, 9 cm VII seg*
- *Right portal tract thrombosis*
- *AFP 155 ng/ml*

# Spiral CT 1



# Spiral CT 2



*Patient in advanced stage*  
**according Milan criteria:**

**single HCC < or = 5 cm or 3 nodules < 3 cm:  
70% survival after 5 years**

- There are no standard guidelines for exclusion from LT for HCC and in most groups is based on uncontrolled tumor progression**

*The patient was not excluded  
from the waiting list although  
he was given a close follow-up.*

*Six months later: HCC and  
cirrhosis stable, but...*

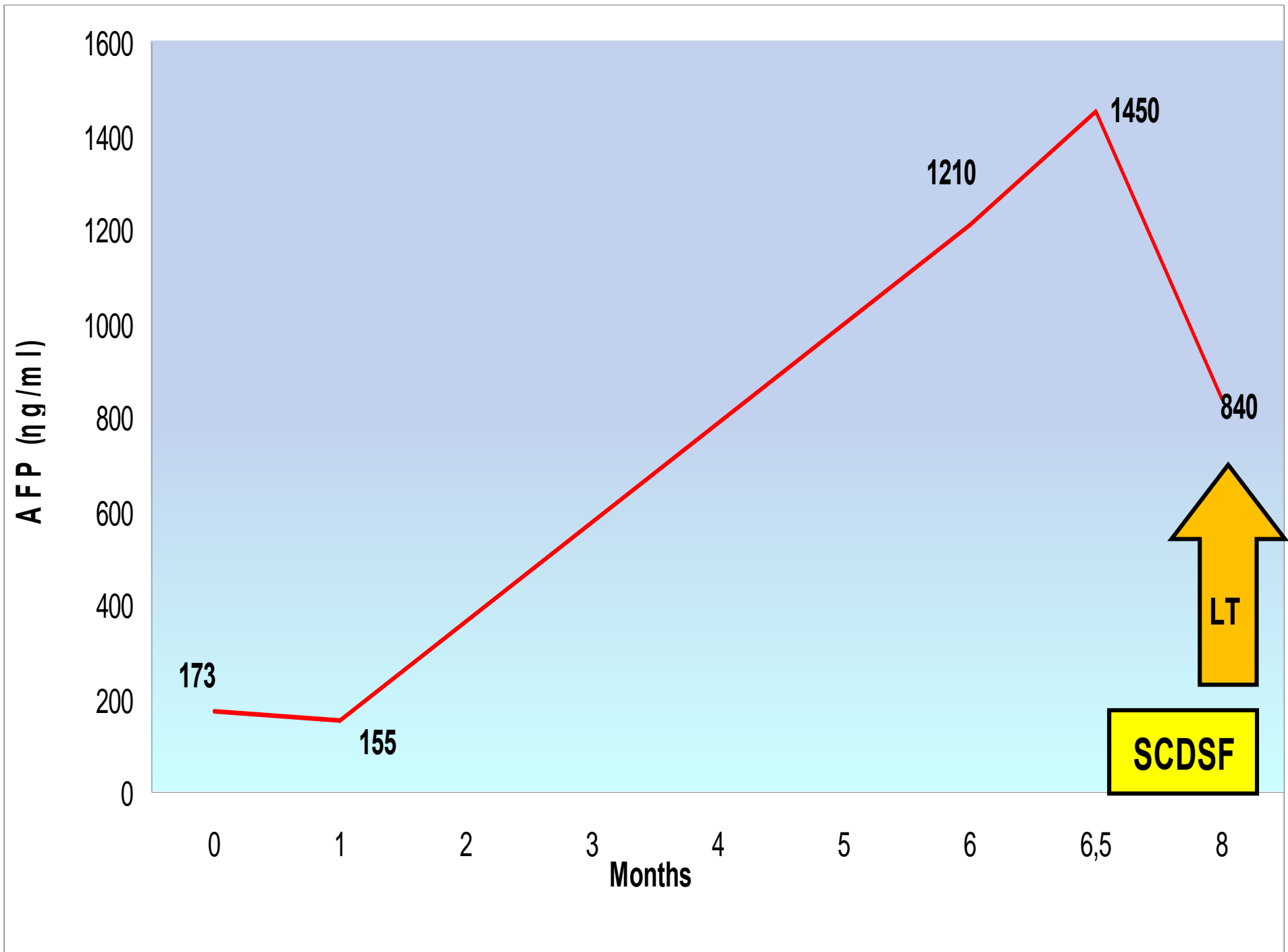
*AFP 1450 ng/ml*

*Exclusion from LT !*

*Therapy applied:  
Stem Cell Differentiation Stage  
Factor (SCDSF)*

*1.5 ml sublingually three times  
daily*

- *2 months later: still stable, AFP 840 ng/ml*
- *Reevaluation of the case: LT considered*
- *LT performed successfully*
- *One-year follow-up:*
  - *Disease-free*
  - *Good clinical condition*



# **Neoadjuvant treatments in waiting list LT for HCC:**

**the most frequently used →**

- 1. percutaneous ablation**
- 2. chemoembolization**

- **balance the risk of exclusion from LT against the risk of treatment-related side effects**
- **high tolerability and negligible rate of side effects of SCDSF**

# **CONCLUSIONS:**

**The single but remarkable clinical observation reported here points in favor of planning prospective studies, employing SCDSF as LT waiting list medical management of HCC, alone or in association with other available treatment options, in the context of the so-called multimodal neoadjuvant approach**