



بسم الله الرحمن الرحيم

∞∞∞∞

تم رفع هذه الرسالة بواسطة / مني مغربي أحمد

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى

مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد





# **The Diagnostic and prognostic value of Fibrinogen and D-dimer levels versus $\alpha$ -Fetoprotein level in Hepatocellular Carcinoma (HCC) in Egyptian patients**

*Thesis*

Submitted for Partial Fulfillment of M.D. Degree  
In Internal Medicine

*By*

**Alaa Lofty Mohamed Elsayed**  
(M.B.,B.Ch. MS.c)

*Supervised by*

**Prof. Dr. Samir Abdelhamid Gheit**

Professor of Internal Medicine and Gastroenterology  
Faculty of Medicine - Ain Shams University

**Dr. Ahmed Mohamed Hussein**

Assistant Professor of Radiology  
Faculty of Medicine - Ain shams University

**Dr. Ahmed Samir Abdelfattah Allam**

Assistant Professor of Internal Medicine and Gastroenterology  
Faculty of Medicine - Ain shams University

**Dr. Ramy Samir Gheit**

Lecturer of Internal Medicine and Gastroenterology  
Faculty of Medicine - Ain shams University

Faculty of Medicine  
Ain Shams University  
2021

## List of Contents

Title	Page
▪ List of Abbreviations.....	I
▪ List of Tables.....	III
▪ List of Figures .....	VI
▪ Introduction.....	1
▪ Aim of the Work .....	2
▪ Review of Literature	
- Chapter (1): Hepatocellular carcinoma .....	3
- Chapter (2): Alpha fetoprotein, D-dimer and Fibrinogen.....	43
- Chapter (3): Radiofrequency and transarterial chemoembolization .....	57
▪ Patients and Methods .....	62
▪ Results .....	66
▪ Discussion .....	90
▪ Summary .....	97
▪ Conclusion .....	99
▪ Recommendations .....	100
▪ References.....	101
▪ Arabic Summary.....	--

## List of Abbreviations

<b>Abb.</b>	<b>Full-term</b>
<b>AIH</b>	Autoimmune hepatitis
<b>AJCC</b>	American Joint Committee on Cancer
<b>BCLC</b>	The Barcelona Clinic Liver Cancer system
<b>BMI</b>	Body mass index
<b>CT</b>	Computed tomography
<b>DAA</b>	Direct acting antiviral
<b>DLC</b>	Dioxin-like Compounds
<b>EARN HCC</b>	Egyptian Research Network for HCC
<b>GWAS</b>	Genome-wide association studies
<b>HBV</b>	Hepatitis B virus‘
<b>HCC</b>	Hepatocellular carcinoma
<b>HCV</b>	Hepatitis C virus‘
<b>HFE</b>	Hemochromatosis protein
<b>HLA</b>	Human leukocyte antigen‘
<b>IDMC</b>	Independent Data Monitoring Committee
<b>IGF-1</b>	Insulin-like growth factor-1
<b>IL</b>	Interleukin
<b>IR</b>	Insulin resistance
<b>MOH</b>	Ministry of Health
<b>MRI</b>	Magnetic resonance irradiation
<b>NAFLD</b>	Nonalcoholic fatty liver disease
<b>NASH</b>	Non-alcoholic steatohepatitis
<b>NGO</b>	Non-governmental organizations
<b>OCs</b>	Oral contraceptives
<b>OS</b>	Overall survival

## **List of Abbreviations (Continued)**

<b>Abb.</b>	<b>Full-term</b>
<b>O-toluidine</b> .....	Ortho-Toluidine
<b>PBB</b> .....	Polybrominated biphenyls
<b>PCB</b> .....	Polychlorinated biphenyls
<b>PCE</b> .....	Perchlorethylene
<b>PVC</b> .....	Polyvinyl chloride
<b>TCE</b> .....	Trichloroethylene
<b>TNM</b> .....	Tumor-node-metastasis
<b>VCM</b> .....	Vinyl chloride monomer
<b>WES</b> .....	Wholeexome sequencing
<b>WHO</b> .....	World Health Organization

## List of Tables

Table No.	Title	Page
<b>Table (1):</b>	Risk factors for HCC development .....	6
<b>Table (2):</b>	Biomarkers of HCC pathways .....	29
<b>Table (3):</b>	FDA-approved targeted and immune therapies for HCC.....	36
<b>Table (4):</b>	HCC clinical trials in Egypt .....	40
<b>Table (5):</b>	Comparison between group A, group B and group C regarding HBV and HCV infection of the studied patients .....	67
<b>Table (6):</b>	Comparison between group A, group B and group C regarding BMI of the studied patients .....	68
<b>Table (7):</b>	Comparison between group A, group B and group C regarding the level of ALT and AST of the studied patients .....	69
<b>Table (8):</b>	Comparison between group A, group B and group C regarding the level of Total and Direct Bilirubin of the studied patients .....	70
<b>Table (9):</b>	Comparison between group A, group B and group C regarding the levels of ALP, GGT, PTT and INR of the studied patients .....	71
<b>Table (10):</b>	Comparison between group A, group B and group C regarding the levels of TG, HDL and LDL of the studied patients.....	74

## List of Tables (Continued)

Table No.	Title	Page
<b>Table (11):</b>	Comparison between group A, group B and group C regarding the levels of Serum Creatinine and Urea of the studied patients .....	75
<b>Table (12):</b>	Comparison between group A, group B and group C regarding the levels of Fibrinogen and AFP of the studied patients.....	77
<b>Table (13):</b>	Comparison between group A, group B and group C regarding the levels of D-dimer of the studied patients .....	79
<b>Table (14):</b>	Comparison between group A and group B regarding the levels of Fibrinogen before and after treatment .....	80
<b>Table (15):</b>	Comparison between group A and group B regarding the levels of AFP before and after treatment.....	82
<b>Table (16):</b>	Comparison between group A and group B regarding the levels of D-dimer before and after treatment .....	84
<b>Table (17):</b>	Correlations between group A and group B regarding the levels of D-dimer, Fibrinogen and AFP.....	85
<b>Table (18):</b>	Correlations between group A and group B regarding the levels of D-dimer, Fibrinogen and AFP.....	87

## **List of Tables (Continued)**

<b>Table No.</b>	<b>Title</b>	<b>Page</b>
<b>Table (19):</b>	ROC Curve between group A and group B regarding the levels of D-dimer, Fibrinogen and AFP.....	88



## List of Figures

Figure No.	Title	Page
<b>Figure (1):</b>	Risk Factors for the Development Stage of Hepatocellular Carcinoma .....	15
<b>Figure (2):</b>	The Barcelona Clinic Liver Cancer Staging and Treatment Allocation .....	23
<b>Figure (3):</b>	Therapeutic modalities used for HCC treatment .....	34
<b>Figure (4):</b>	Blood biomarkers for AFP-negative hepatocellular carcinoma .....	43
<b>Figure (5):</b>	HBV and HCV infection among the studied patients .....	66
<b>Figure (6):</b>	Shows BMI distribution of the three groups among the studied patients.....	67
<b>Figure (7):</b>	Shows ALT and AST level distribution of the three groups among the studied patients .....	68
<b>Figure (8):</b>	Shows Total and Direct Bilirubin level distribution of the three groups among the studied patients .....	69
<b>Figure (9):</b>	Shows ALP level distribution of the three groups among the studied patients.....	71
<b>Figure (10):</b>	Shows GGT level distribution of the three groups among the studied patients.....	71

## List of Figures (Continued)

Figure No.	Title	Page
<b>Figure (11):</b>	Shows PTT level distribution of the three groups among the studied patients.....	72
<b>Figure (12):</b>	Shows INR level distribution of the three groups among the studied patients.....	72
<b>Figure (13):</b>	Shows TG, HDL and LDL level distribution of the three groups among the studied patients .....	73
<b>Figure (14):</b>	Shows Serum Creatinine level distribution of the three groups among the studied patients .....	74
<b>Figure (15):</b>	Shows Urea level distribution of the three groups among the studied patients.....	75
<b>Figure (16):</b>	Shows Fibrinogen level distribution of the three groups among the studied patients .....	76
<b>Figure (17):</b>	Shows AFP level distribution of the three groups among the studied patients.....	77
<b>Figure (18):</b>	Shows D-dimer level distribution of the three groups among the studied patients.....	78

## List of Figures (Continued)

Figure No.	Title	Page
<b>Figure (19):</b>	Shows Fibrinogen level distribution before and after treatment of group A and group B .....	79
<b>Figure (20):</b>	Shows Mean Fibrinogen level distribution before and after treatment of group A and group B .....	80
<b>Figure (21):</b>	Shows AFP level distribution before and after treatment of group A and group B.....	81
<b>Figure (22):</b>	Shows Mean AFP level distribution before and after treatment of group A and group B .....	82
<b>Figure (23):</b>	Shows D-dimer level distribution before and after treatment of group A and group B .....	83
<b>Figure (24):</b>	ROC Curve between group A and group B regarding the levels of D-dimer .....	87
<b>Figure (25):</b>	ROC Curve between group A and group B regarding the levels of Fibrinogen.....	88
<b>Figure (26):</b>	ROC Curve between group A and group B regarding the levels of AFP .....	88
<b>Figure (27):</b>	ROC Curve between group A and group B regarding the levels of D-dimer, Fibrinogen and AFP .....	89

## **INTRODUCTION**

Hepatocellular carcinoma (HCC) is a globally prevalent deadly disease. The tumor occurs primarily on the background of chronic hepatitis viral infection and cirrhosis (*Nakamoto, 2016*).

Radical therapies, including surgical resection, liver transplantation, and radiofrequency ablation, are the standard modalities used for the curative treatment of HCC; however, the application of these therapies is limited due to impaired liver function and advanced tumour stage of patients and a shortage of donors (*Balogh et al., 2016*).

Many pathological conditions including thrombosis, inflammation, and trauma lead to the activation of coagulation factors and fibrinolysis (*Allen et al., 2015*).

Coagulation and fibrinolysis markers have the potential to serve as predictors of disease and disease severity (*Deng et al., 2016*).

An increasing body of evidence suggests the existence of a relationship between activation of coagulation and tumor angiogenesis, progression, and metastatic spread (*Hao et al., 2015; Zhu et al., 2016*).

## **AIM OF THE WORK**

The aim of this study is to investigate their predictive and prognostic value versus  $\alpha$ -Fetoprotein level in Egyptian patients with Hepatocellular carcinoma (HCC).

## **CHAPTER (I): HEPATOCELLULAR CARCINOMA**

Hepatocellular carcinoma (HCC), the primary cancer of the liver, is derived from hepatocytes and occurs in more than approximately 80% of cases of liver cancer (*Jemal, 2011*).

Epidemiology and disease burden in Egypt Hepatocellular carcinoma (HCC) represents the sixth most common cancer worldwide (*Forner, 2018*).

In Egypt, it represents the fourth common cancer (*Alemayohu et al., 2015*).

The reason for increased incidence could be attributed to:

Improvement in screening programs and diagnostic tools (*El Serag, 2001*)

Increasing the incidence and complications of hepatitis C virus (HCV) (*Salama et al., 2018*)

Which is the most important risk factor in developing liver cancer including HCC in Egypt (*Salama et al., 2014*).

It was estimated to be responsible for nearly 9.1% of the total deaths in 2012 (746,000 deaths) (*Rebelo et al., 2012*). In Egypt, It is the most common cause of mortality and morbidity related cancer (*Salama et al., 2014*).

Life expectancy of patients with HCC depends on the stage of the cancer at diagnosis. In advanced stage, some months are expected, however, when the diagnosis is early and effective treatment performed, five- year survival rate can be accomplished (***Forner et al., 2012***). If the diagnosis is performed at early stage, its treatment is limited and effective; whereas, at advanced when traditional chemotherapy has no satisfactory effect, poor prognosis is expected (***Liu et al., 2015***). At early stage of HCC, curative treatments such as surgical resection, liver transplant and local ablation can improve the survival of the patients.

Therefore, early detection and the adequate therapy are crucial to increase survival and improve the life quality of HCC patients. When classified as stage C (advanced stage) with the presence or absence of vascular invasion and preserved liver function, according to Barcelona Clinic Liver Cancer (BCLC) classification, the use of Sorafenib has been effective to improve these patients' survival (***Gomes et al., 2013; de Lope et al., 2012***).

Alpha-fetoprotein (AFP) has been used as a biomarker in HCC diagnosis by serum. However, AFP is not a precise marker since it provides low sensibility and specificity (***Morimoto et al., 2012; Lok et al., 2010***). Therefore, a biomarker that presents higher diagnostic accuracy and high reliability are needed. Recent studies