

HCC: Advances in diagnosis and prognosis

# HCC

## The New Pathological Approach

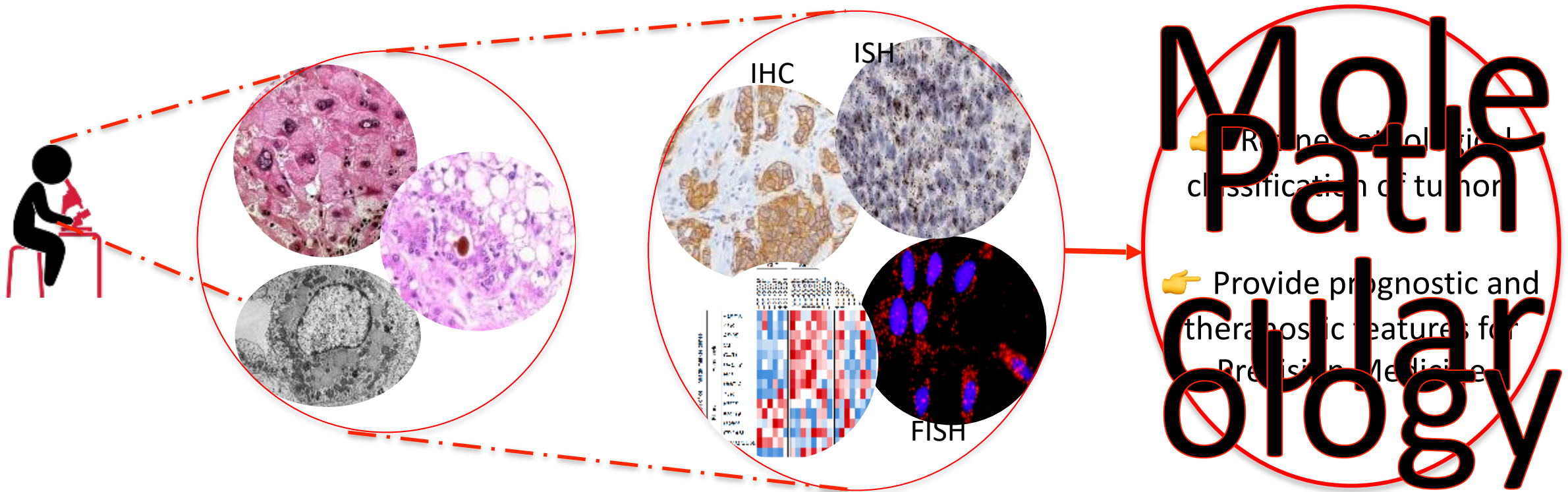
Valérie Paradis

Pathology Dpt, Hôpital Beaujon

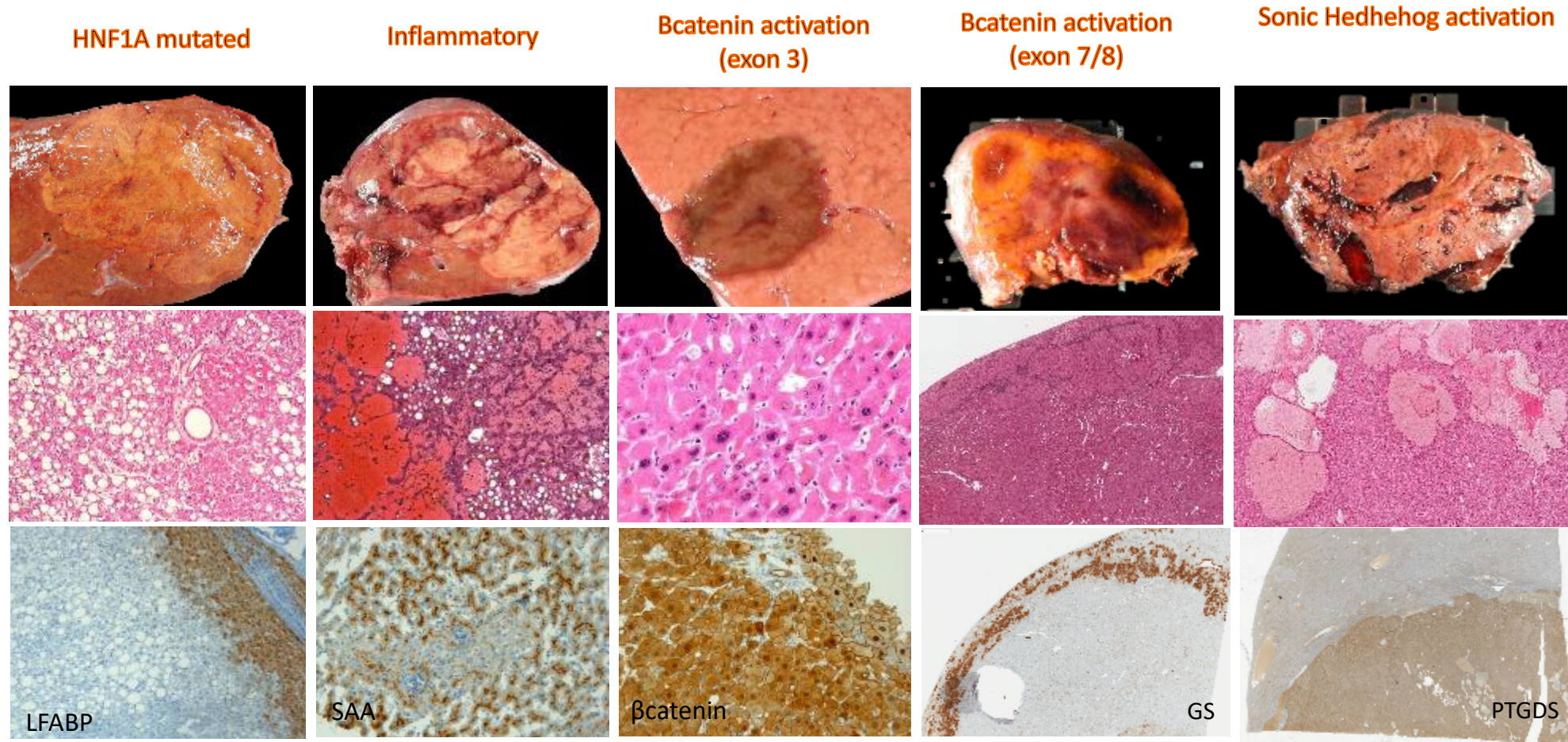
Inserm U1149 / CRI, DHU UNITY, FHU MOSAIC, Paris



# From Conventional Histology to Molecular Pathology



# Pathomolecular Classification of Hepatocellular Adenomas



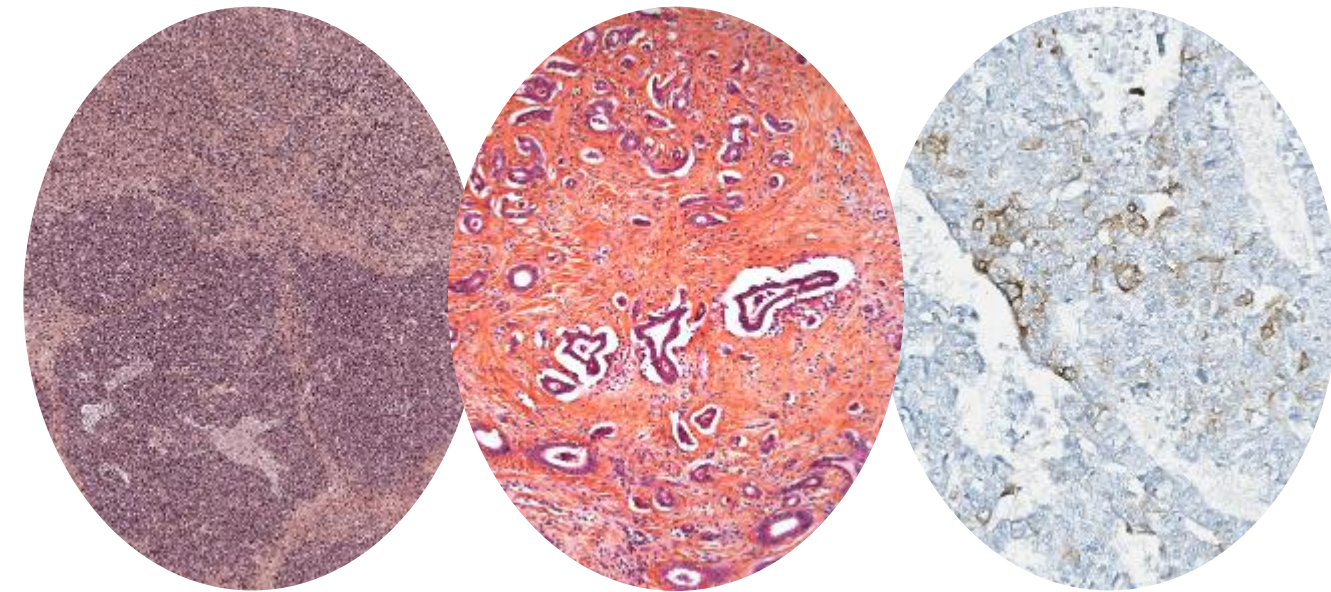
From 2006 to 2020

# Molecular Pathology in HCC

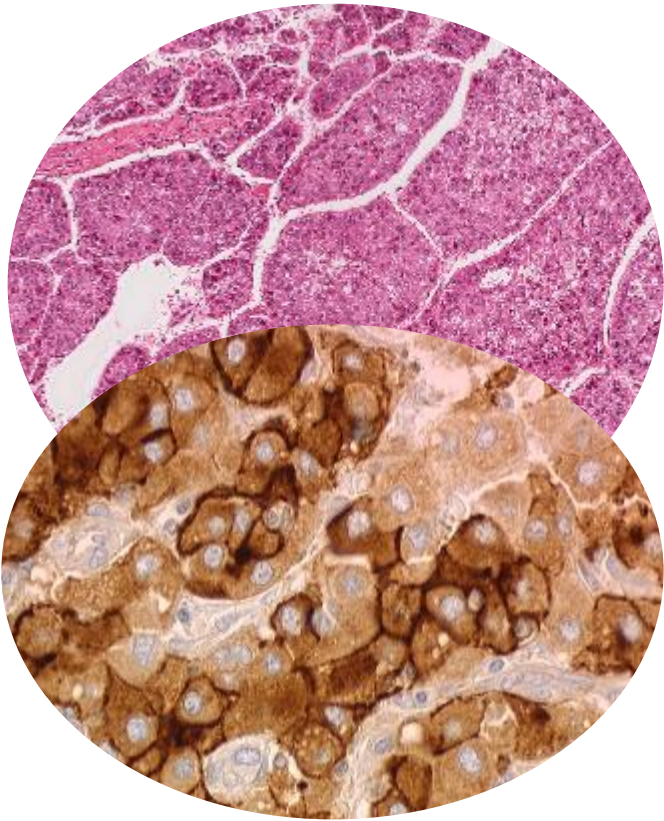
Intertumor heterogeneity &  
Spatial Intratumor heterogeneity

➤ A key-issue in cancer medicine

- Impacts accurate diagnosis, prognosis and response to therapy
- Mostly explored at the genetic level by high-throughput NGS technologies
  - Using bulk tumor specimens
  - Ignoring cell heterogeneity and spatial organization
- The need to develop and use in situ approaches (Molecular Pathology)



# Pathomolecular Classification of HCC



1. Diagnosis of early HCC (< 2 cm)
  - ✓ Access to curative treatments
2. Exhaustive characterisation of HCC
  - ✓ Improve patient management

# 1. DIAGNOSIS OF EARLY HCC (< 2 CM)

# Hepatocellular nodules < 2 cm arising in cirrhosis

## A wide spectrum of nodules (from regenerative to HCC)

### Histological features

#### Cytologic features

- Small cell change
- Large cell change
- Clonelike foci (clear, fatty)

#### Architectural features

- Plate thickening  $\geq 3$  cells
- Increased cell density compared with surroundings
- Pseudoglands
- Nodule-in-nodule
- Portal tract
- Unpaired arteries and capillarized sinusoids<sup>a</sup>
- Stromal invasion<sup>b</sup>
- Reticulin framework

### Immunophenotypical features

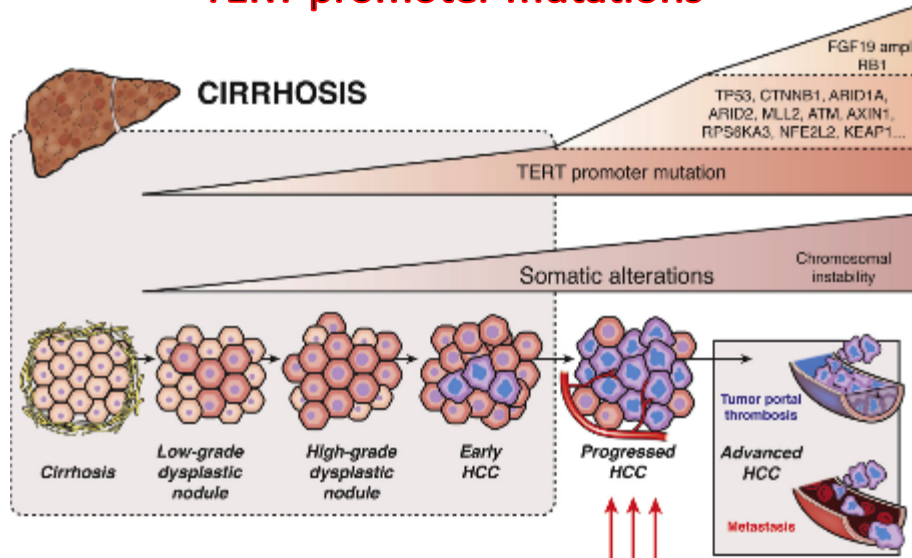


All 3 markers +ve (100% specificity, 72% sensitivity)

Accurate diagnosis of nodules < 2 cm remains challenging in some cases (biopsy specimen)

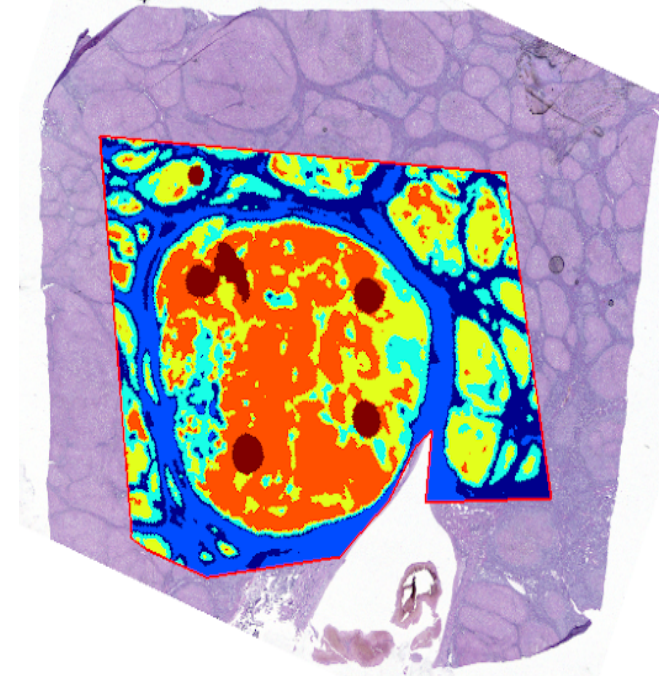
# Need for Additional Tissue Biomarkers

## TERT promoter mutations



- Main mechanism of telomerase reactivation
- A prerequisite for malignant transformation
- The most frequent mutations in liver carcinogenesis
  - Increasing rate from cirrhosis (0%), LGDN (6%), HGDN (19%) to eHCC (61%)

Surrogate tissue biomarkers of TERT promoter mutations in nodules < 2 cm using MALDI imaging (global in situ proteomic approach)



- 11 protein peaks correlated with TERT promoter mutations
- S Paisley (manuscript in prep.)

## 2. EXHAUSTIVE CHARACTERISATION OF HCC

# HCC : A Wide Spectrum of Tumors

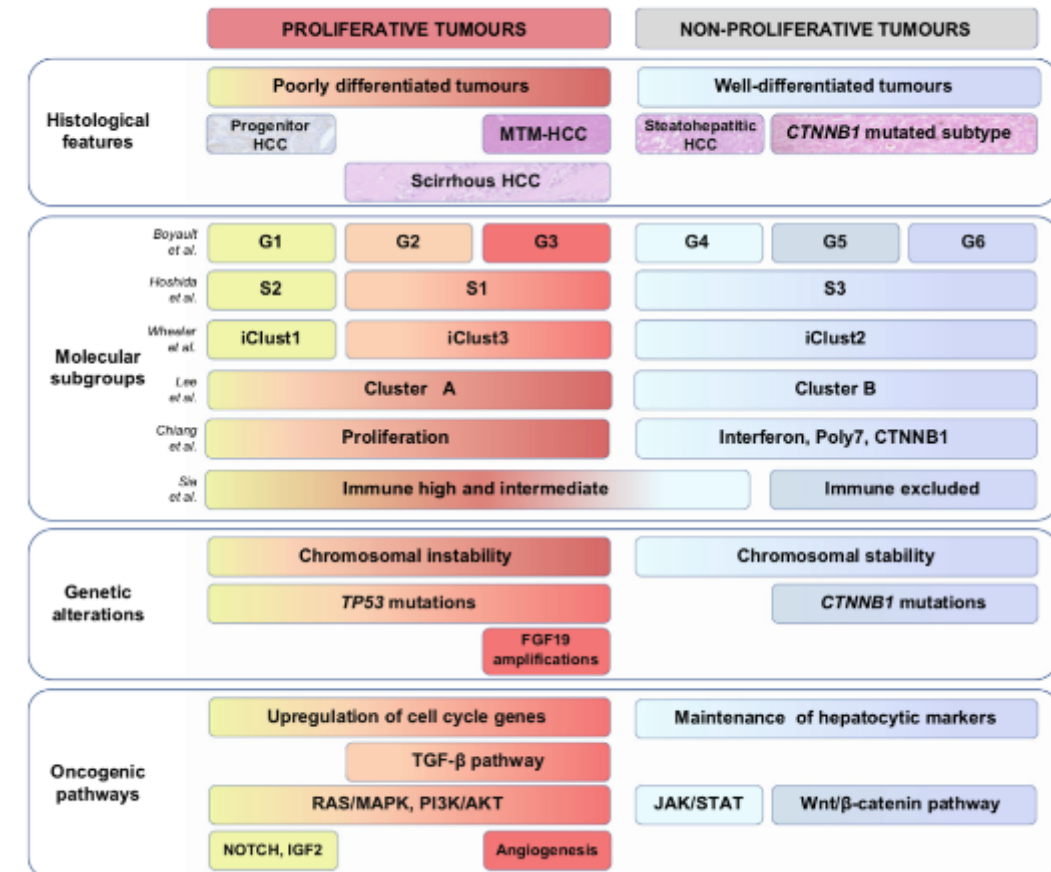


## WHO classification of tumours of the liver and intrahepatic bile ducts

### Malignant hepatocellular tumours and precursors

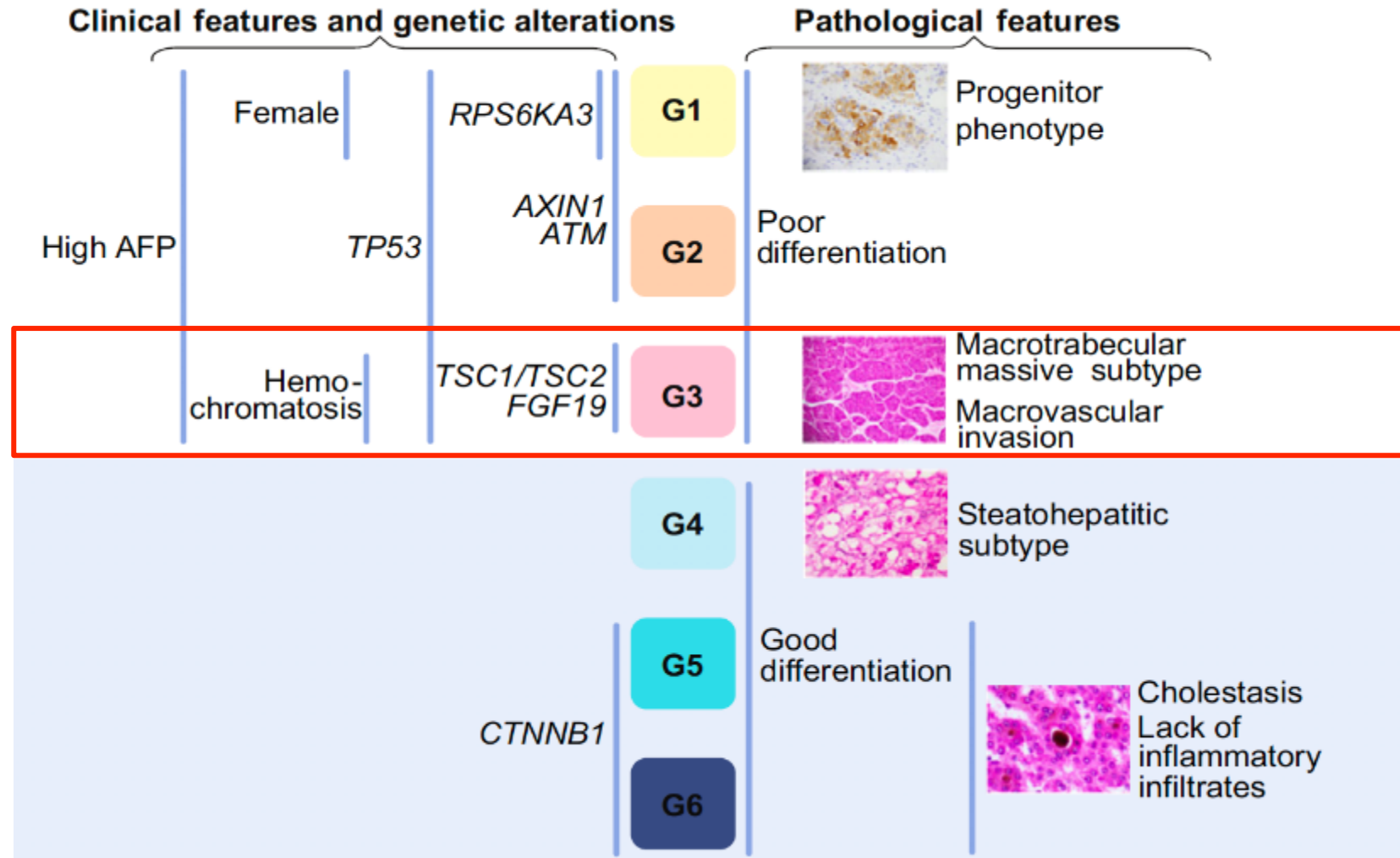
8170/3	Hepatocellular carcinoma NOS
8171/3	Hepatocellular carcinoma, fibrolamellar
8172/3	Hepatocellular carcinoma, scirrhous
8174/3	Hepatocellular carcinoma, clear cell type
	Hepatocellular carcinoma, steatohepatitic
	Hepatocellular carcinoma, macrotrabecular massive
	Hepatocellular carcinoma, chromophobe
	Hepatocellular carcinoma, neutrophil-rich
	Hepatocellular carcinoma, lymphocyte-rich
8970/3	Hepatoblastoma NOS

WHO (5<sup>th</sup> edition, 2019)



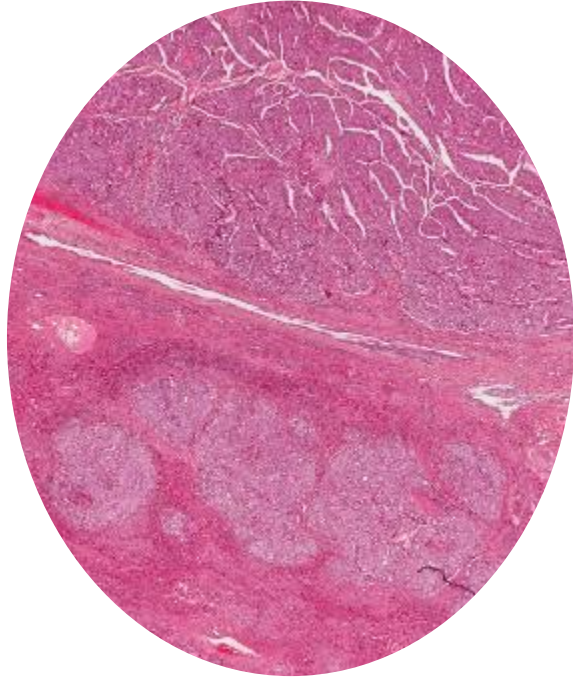
From Calderaro J J Hep 2020

# Histological subtypes of hepatocellular carcinoma are related to gene mutations and molecular tumour classification<sup>☆</sup>



# Macrotrabecular-Massive HCC (MTM-HCC, G3)

TP53 mutations

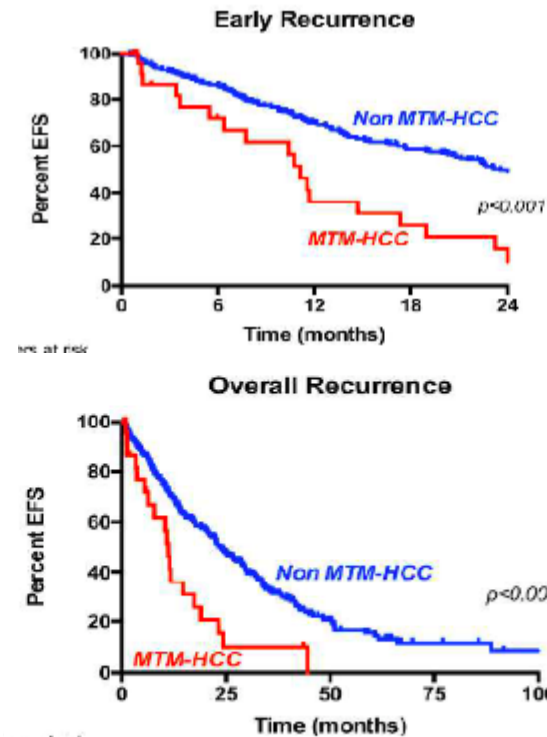


Molecular features

- PI3K/AKT pathway activation
- Increased cell proliferation
- EMT activation
- Angiogenesis activation



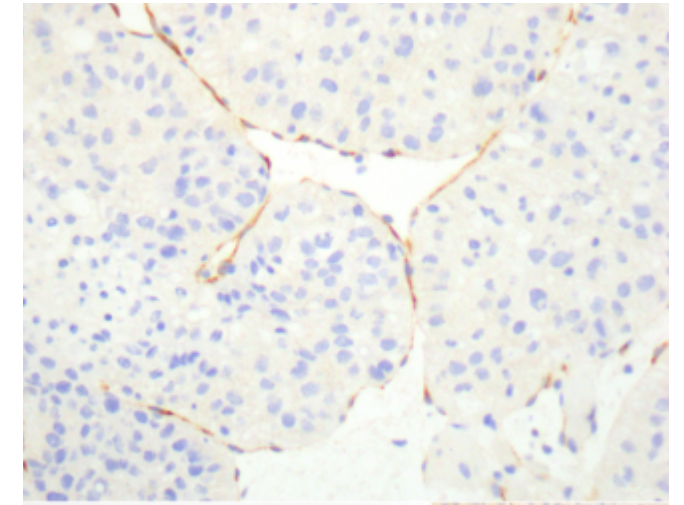
Prognostic impact  
284 HCC (Biopsy pre-RFA)



Ziol M Hepatology 2017

ESM-1

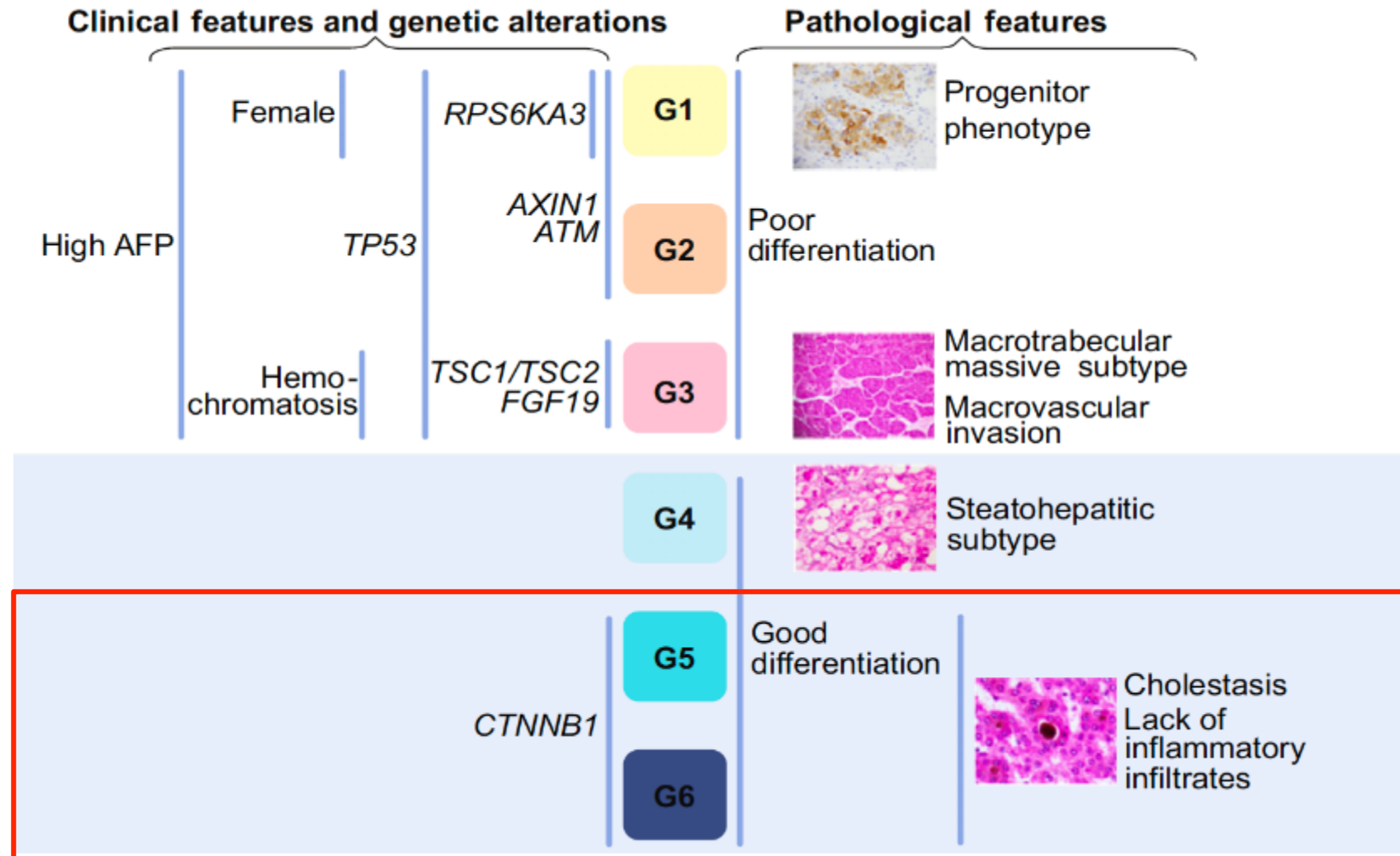
A good surrogate marker of  
MTM-HCC



Sst 93%, Spe 91%, Kappa 0.77

Calderaro J Clin Cancer Res 2019

# Histological subtypes of hepatocellular carcinoma are related to gene mutations and molecular tumour classification<sup>☆</sup>



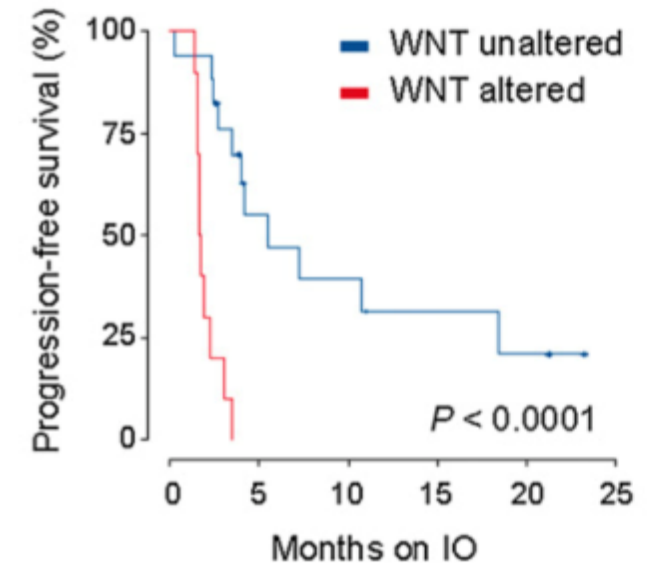
# Well-differentiated Cholestatic HCC (G5-G6)

CTNNB1 mutations (exon 3)

## Molecular features

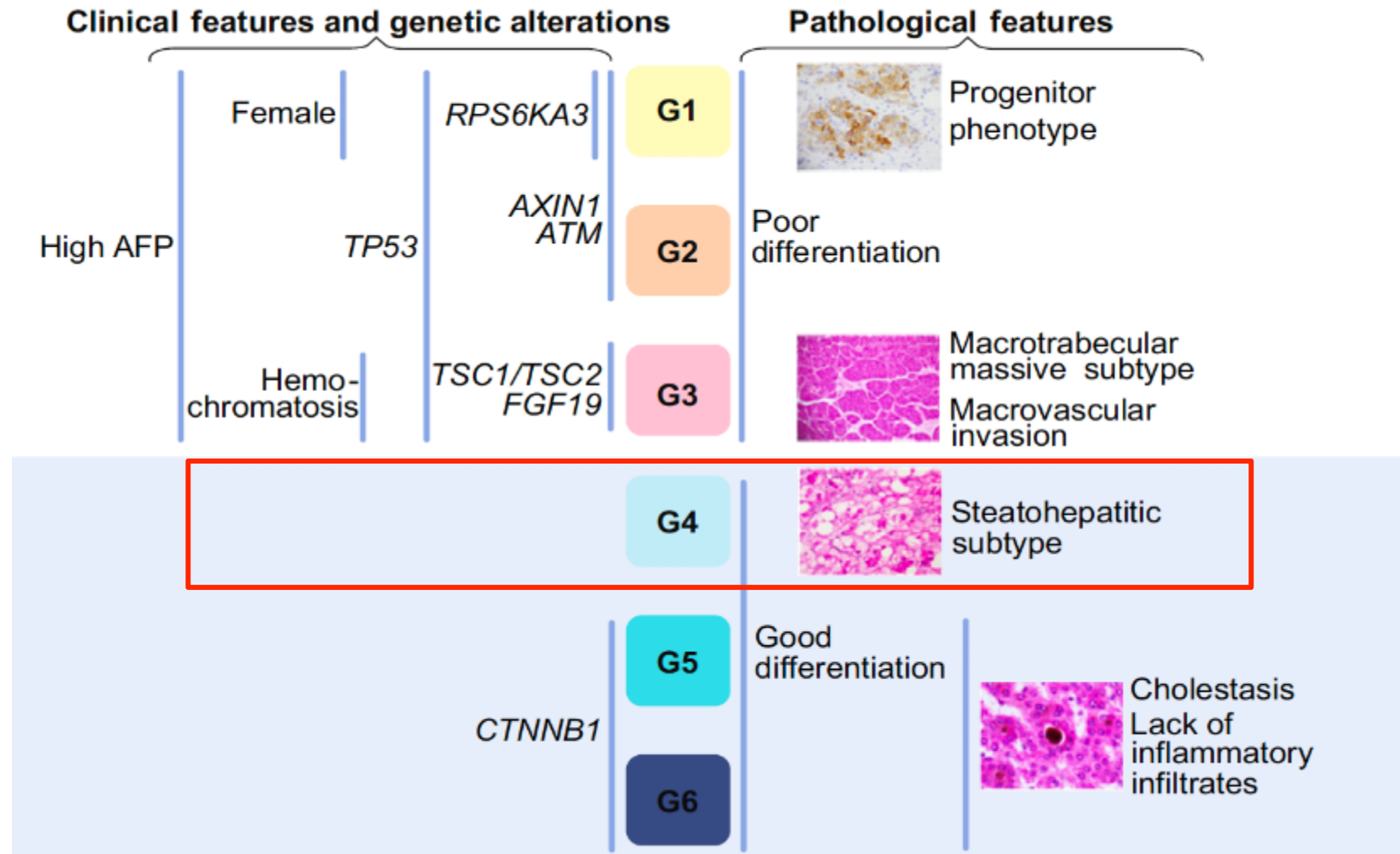
- B-catenin pathway activation
- IL6/ JAK/STAT pathway downregulation
- Maintenance of hepatocellular differentiation & function
- Low proliferation
- Dysregulated expression of bile salt transporters

## Clinical implication (HCC patients with immune checkpoint inhibitors)

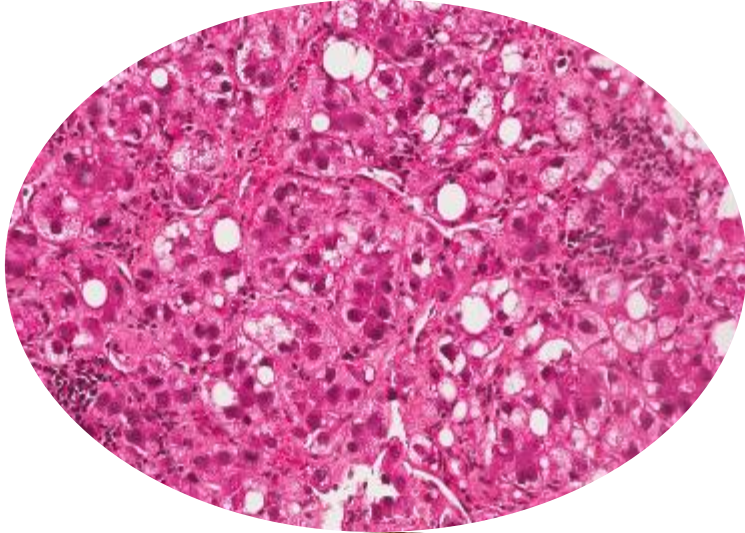


Harding J J Clin Cancer Res 2018

# Histological subtypes of hepatocellular carcinoma are related to gene mutations and molecular tumour classification<sup>☆</sup>

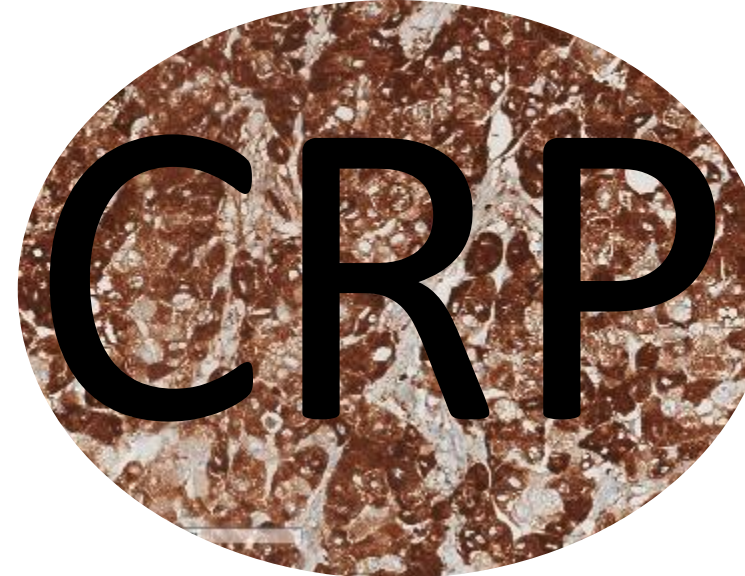


# Steatohepatitic HCC (G4)



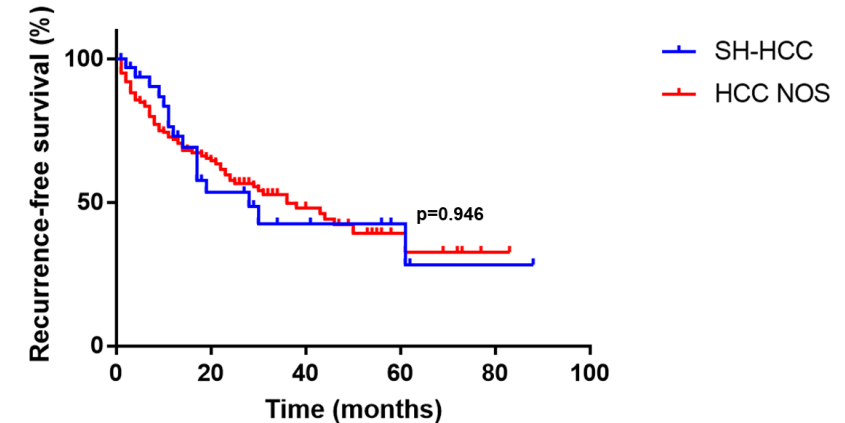
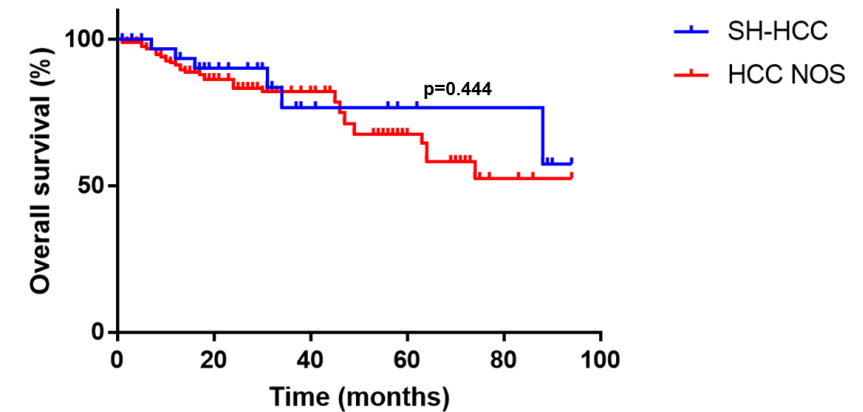
## Molecular features

- No specific genetic abnormalities
- Lack of Wnt/ $\beta$ -catenin pathway activation
- Activation of IL6/JAK/STAT pathway



Less aggressive phenotype  
(microvascular invasion, satellite  
nodules)

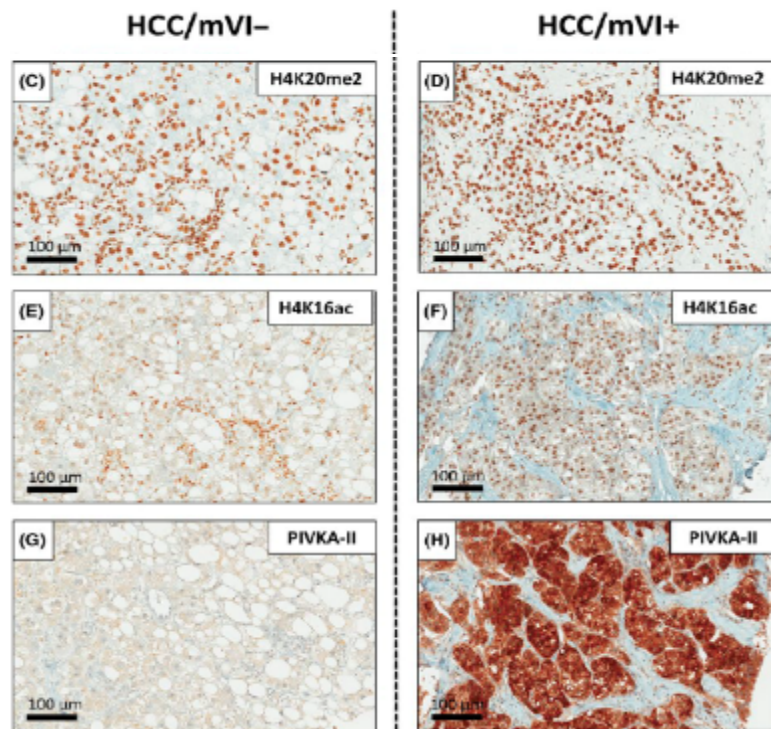
Beaujon experience  
298 HCC (39 SH-HCC)



A Beaufrère (manuscript in prep.)

# Surrogate Markers of Prognosis In progress (need validation)

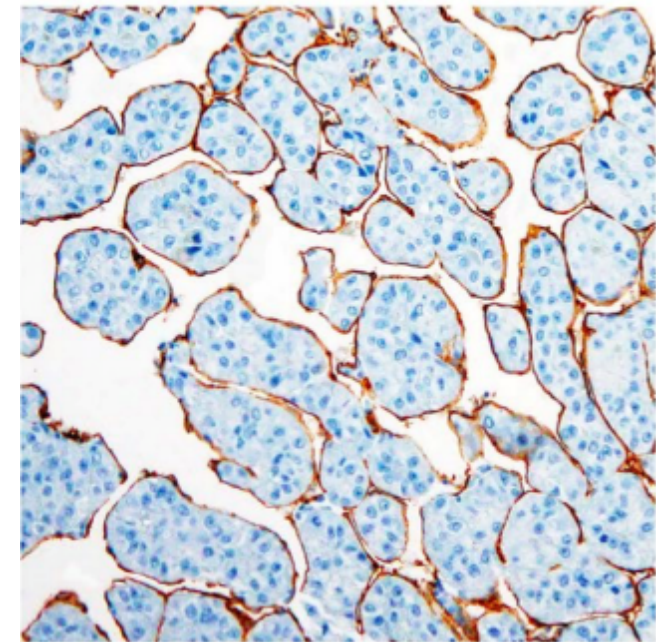
Contribution of virtual biopsy to the screening of microvascular invasion in hepatocellular carcinoma: A pilot study



- At least 2 +ve markers: sst 72 %, spe 64%
- 3 +ve markers: sst 36%, Spe 90%

Poté N et al Hepatology 2013, J Hepatol 2015 & Liver Int 2017

Vessels Encapsulating Tumor Clusters (VETC) Is a Powerful Predictor of Aggressive Hepatocellular Carcinoma  
CD34 (>55% of tumor area)



- Correlated with AFP, tumor size, MTM-HCC, microvascular invasion

Renne SL Hepatology 2020

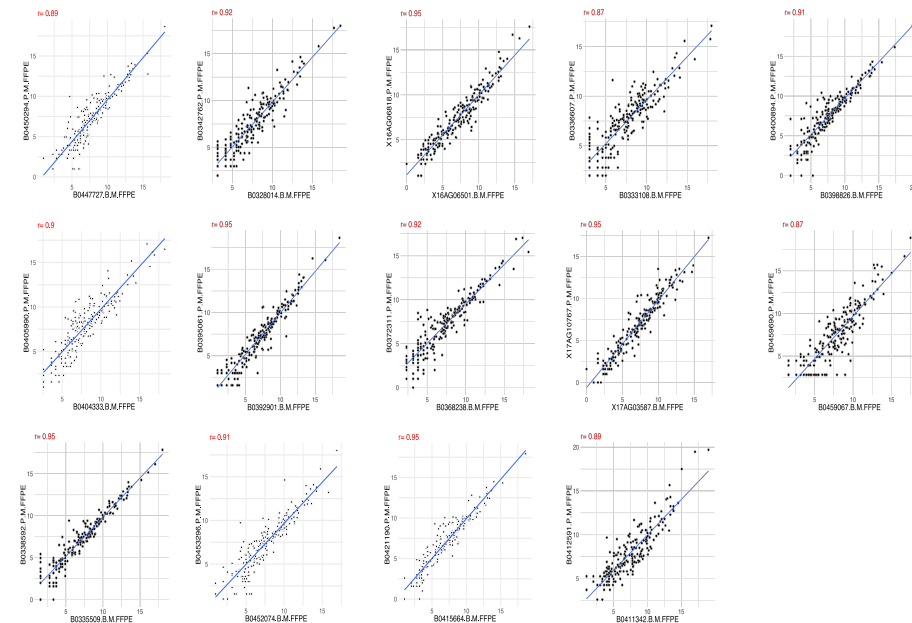
# Performance of Tumor Biopsy

- Sampling variability : a major issue
  - Biopsy may miss Intratumor heterogeneity
    - Present in 2/3 of HCC (morphological & molecular levels) \*
    - More frequent in larger tumors
  - Adapt the procedure according to the HCC macroscopic features (imaging) ?

- Expertise of pathologist
  - Usefulness of panel of immunomarkers
    - Diagnosis and prognosis
  - Analysis of non tumoral liver

\* Friemel J et al Clin Cancer Res 2014

Gene expression signature (Nanostring®, 200 genes)  
Correlation between 12-paired surgical and biopsy specimens [0.97 (0.87-0.95)]



Beaufrère A, submitted  
(collab. J Zucman-Rossi lab)

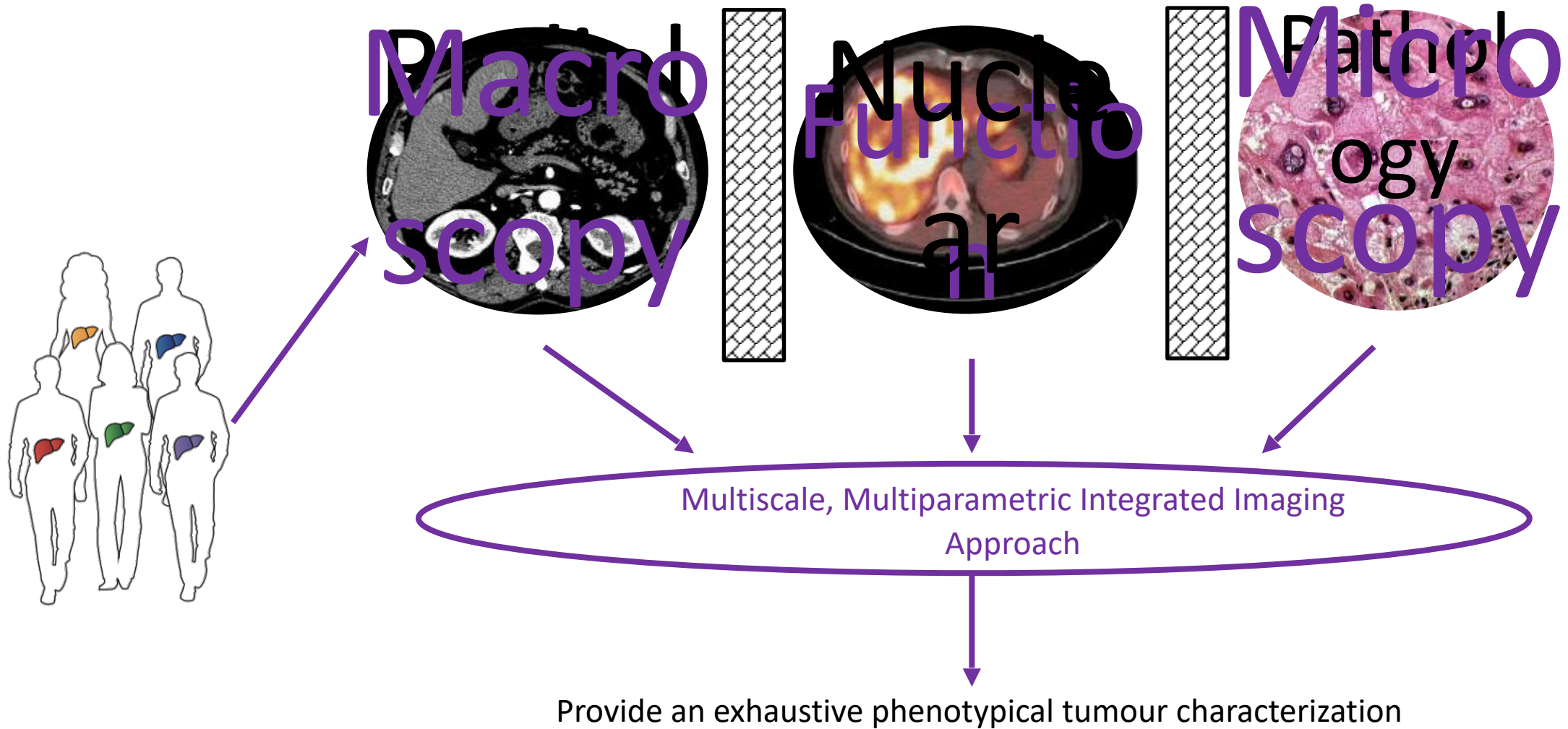
# Conclusions

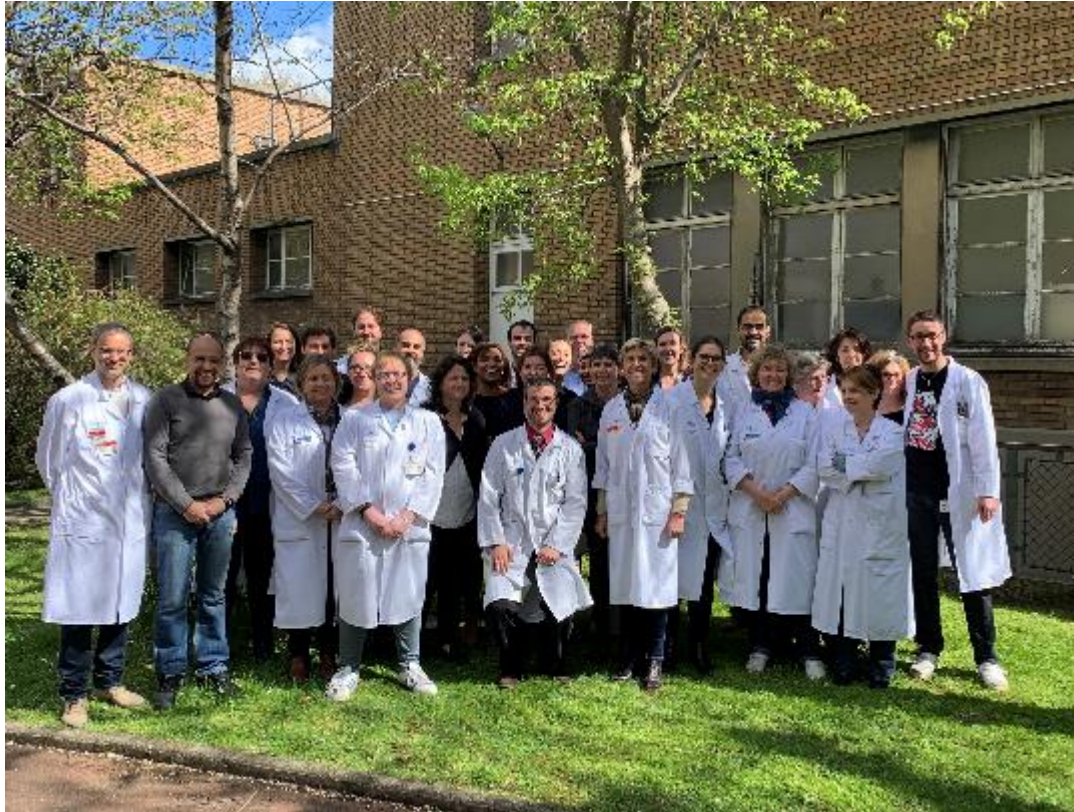
## Pathomolecular Classification of HCC

### ➤ From Classical histology to Molecular pathology

- Provides an exhaustive characterisation of HCC, including prognostic features
  - Already applied for subtyping Hepatocellular adenomas
- Several tissue biomarkers available, some of them needed to be independently validated
- Relevant approach for considering intratumoral heterogeneity
- Towards IMAGOMICS

# Multiscale Optimized Strategy for Artificial Intelligence-based Imaging Biomarkers in Digestive Cancer





## Inserm U 1149 / CRI

### From inflammation to cancer in digestive diseases »

V Paradis

- A Couvelard, N Guedj, J Cros, V Rebours, A Beaufrère
- A Hammoutène (Post-doc)
- F Cauchy, S Frendi, E Gigante, L de Mestier (Doc)
- M Tabard (M2)
- S Laouirem, C de Flori, H Cazier, M Albuquerque (IE)

### Beaujon hospital

- |                          |                        |
|--------------------------|------------------------|
| ▪ Pathology (V Paradis)  | Radiology (V Vilgrain) |
| ▪ Surgery (O Soubrane)   | Hepatology (F Durand)  |
| ▪ Oncology (M Bouattour) |                        |