Asian Pacific Association for the Study of the Liver

2026 TOKYO
APASL Oncology

Treatment Dynamics of Liver Tumors

Term: April 2 • 3 2026
(Thursday) (Friday)

Program & Abstracts Book

Venue: Ito International Research Center
(Hongo Campus, The University of Tokyo)

Chairman : Shuntaro Obi M.D.Ph.D.
Professor, Department of Internal Medicine,
Teikyo University Chiba Medical Center, Japan

APASL Oncology 2026 Tokyo
Organizing Committee:
Department of Internal Medicine,
Teikyo University Chiba Medical Center

Congress Secretariat:
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Email: info@apasl-oncology2026tokyo.org
c/o Academia Support Japan

https://www.apasl-oncology2026tokyo.org

APASL 2026
Istanbul

35TH ANNUAL MEETING OF THE ASIAN PACIFIC ASSOCIATION FOR THE STUDY OF THE LIVER

22-25 April 2026

İstanbul Lütfi Kırdar International Convention and Exhibition Centre
İstanbul / Türkiye

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Prof. Dr. A. Kadir Dökmeci
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www.apasl2026istanbul.org

We don't only fight disease.

We also take on drug discovery paradigms.

Our unprecedented medicines are

a step ahead of illness.

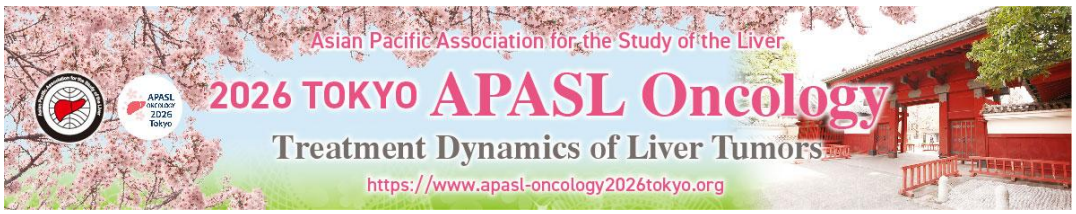
And when the world says there's no cure,

we don't give up until we find one.

INNOVATION BEYOND IMAGINATION

CHUGAI PHARMACEUTICAL

A member of the Roche group



APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

April 2-3, 2026

Advancing Liver Cancer Care in the Asia–Pacific: Integration, Innovation, and Regional Collaboration

Table of Contents

Welcome Message

Dear Colleagues,

On behalf of the organizing committee, it is my great pleasure to welcome you to APASL Oncology 2026 in Tokyo.
This year's meeting expands the scope of liver oncology by integrating advances in hepatocellular carcinoma and biliary tract cancers while fostering multidisciplinary collaboration across hepatology, oncology, endoscopy, surgery, and translational science.
The program also places strong emphasis on nurturing the next generation of investigators and promoting regional collaboration through initiatives such as the A-HOC consortium.
We hope this meeting will provide an inspiring platform for scientific exchange and future collaboration across the Asia–Pacific region.

With highest regards,

Shuntaro Obi, MD, PhD
Chairman of APASL ONCOLOGY 2026 Tokyo
Professor of Internal Medicine,
Teikyo University Chiba Medical Center, Japan

Presidential Vision

The Asia–Pacific region bears the greatest global burden of liver cancer. Yet within this diversity lies a powerful opportunity: to advance knowledge through collaboration, innovation, and shared clinical experience.
APASL Oncology 2026 aims to bring together experts across disciplines—including hepatology, surgery, oncology, interventional radiology, and endoscopy—to exchange ideas and shape the future of liver cancer care.
This meeting expands beyond hepatocellular carcinoma to include biliary tract cancers, highlights emerging systemic therapies, and introduces new educational formats such as video-based learning and young investigator sessions.
Through initiatives such as the A-HOC consortium, we also seek to build a collaborative research platform that will generate evidence unique to the Asia–Pacific region.
Together, we hope this meeting will inspire new partnerships and advance better outcomes for patients with liver cancer.

Program Highlights

APASL Oncology 2026 brings together leading experts from across the Asia–Pacific region to explore the rapidly evolving landscape of liver cancer research and clinical practice. This year's program expands beyond hepatocellular carcinoma to embrace a broader and more multidisciplinary perspective in liver oncology.

Expanding the Scope: From HCC to Biliary Tract Cancer

For the first time, the meeting highlights the dynamic treatment landscape of cholangiocarcinoma and biliary tract cancers. Dedicated sessions explore emerging systemic therapies and multidisciplinary strategies that are reshaping patient management.

Endoscopy Meets Oncology

A special focus is placed on the integration of endoscopic procedures into cancer care. Sessions on biliary drainage strategies—including ERCP and EUS-guided approaches—examine how optimal procedural techniques can improve oncologic outcomes.

Systemic Therapy for HCC in the Era of Multiple Options

The treatment landscape of hepatocellular carcinoma has rapidly evolved with multiple systemic therapy options. This program highlights clinical strategies and real-world perspectives from the Asia–Pacific region, where diverse treatment approaches continue to shape patient care.

Video Session: Learning from Real Surgical and Procedural Cases

A newly introduced video session provides practical insights into surgical and procedural techniques. Experts will share real-world cases and discuss common pitfalls and technical considerations that are essential for improving clinical practice.

Investing in the Next Generation

APASL Oncology 2026 introduces initiatives to support young investigators, including career development sessions and Young Investigator Award presentations, fostering the next generation of liver cancer researchers.

Building the Future: The A-HOC Initiative

The meeting also highlights the Asian Hepatocellular Carcinoma Outcomes Consortium (A-HOC), an international collaborative effort aimed at advancing research through large-scale real-world data and regional collaboration.

Invited Guest Speakers/Moderators/Scientific Committee

Dr. Masatoshi Akamatsu (Japan)
Dr. Jun Arai (Japan)
Dr. Taeang Arai (Japan)
Dr. Toru Arano (Japan)
Dr. Toshihiko Arizumi (Japan)
Dr. Yoshinari Asaoka (Japan)
Dr. Jinzhen Cai (China)
Dr. Itsuko Chih-Yi Chen (Taiwan)
Dr. Jae Hee Cho (Korea)
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Dr. Hiroaki Fujiwara (Japan)
Dr. Naoto Fujiwara (Japan)
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Dr. Kiyoshi Hasegawa (Japan)
Dr. Takeshi Hatanaka (Japan)
Dr. Etsuro Hatano (Japan)
Dr. Kenji Hirano (Japan)
Dr. Atsushi Hiraoka (Japan)
Dr. Yoshihiro Hirata (Japan)
Dr. Yujin Hoshida (USA)
Dr. Kai-Wen Huang (Taiwan)
Dr. Yi-Hsiang Huang (Taiwan)
Dr. Yuji Iimuro (Japan)
Dr. Hideaki Ijichi (Japan)
Dr. Masafumi Ikeda (Japan)
Dr. Kenichi Ikejima (Japan)
Dr. Hiroyuki Isayama (Japan)
Dr. Toru Ishikawa (Japan)
Dr. Takeaki Ishizawa (Japan)
Dr. Hideki Iwamoto (Japan)
Dr. Amarsanaa Jazag (Mongolia)
Dr. Tatsuo Kanda (Japan)
Dr. Takumi Kawaguchi (Japan)
Dr. Yoshikuni Kawaguchi (Japan)
Dr. Shigehisa Kitano (Japan)
Dr. Takahiro Kodama (Japan)
Dr. Hirofumi Kogure (Japan)
Dr. Yukihiro Koike (Japan)
Dr. Yusuke Kouchi (Japan)
Dr. Masatoshi Kudo (Japan)
Dr. Yotaro Kudo (Japan)
Dr. Hidekatsu Kuroda (Japan)
Dr. Teiji Kuzuya (Japan)
Dr. George Lau (China)
Dr. Shin Maeda (Japan)
Dr. Hirokazu Makishima (Japan)
Dr. Hitoshi Maruyama (Japan)
Dr. Ryota Masuzaki (Japan)
Dr. Saburo Matsubara (Japan)
Dr. Tatsuya Minami (Japan)
Dr. Suguru Mizuno (Japan)
Dr. Naoki Morimoto (Japan)
Dr. Hiroaki Nagamatsu (Japan)
Dr. Hiroaki Nagano (Japan)
Dr. Hayato Nakagawa (Japan)
Dr. Yousuke Nakai (Japan)
Dr. Takuma Nakatsuka (Japan)
Dr. Shuntaro Obi (Japan)
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Dr. Takamasa Ohki (Japan)
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Dr. Masayuki Otsuka (Japan)
Dr. Motoyuki Otsuka (Japan)
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Dr. Teerha Piratvisuth (Thailand)
Dr. Rungsun Rerknimitr (Thailand)
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Dr. Natsuyo Yamamoto (Japan)
Dr. Osamu Yokosuka (Japan)
Dr. Hideo Yoshida (Japan)

In alphabetical order

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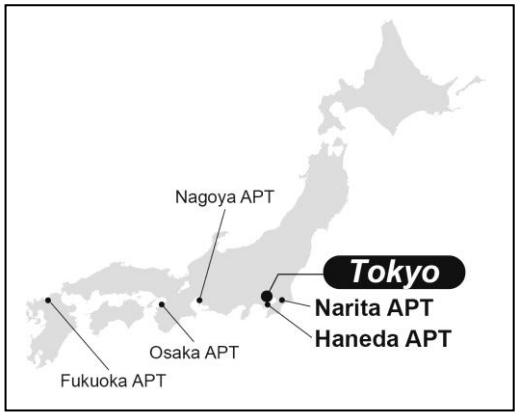
Dr. Elizabeth Powell (Australia)
Dr. Hakan Şenturk (Turkey)
Dr. Ming-Lung Yu (Taiwan)
Dr. Jian Zhou (China)

Conference Information

Venue

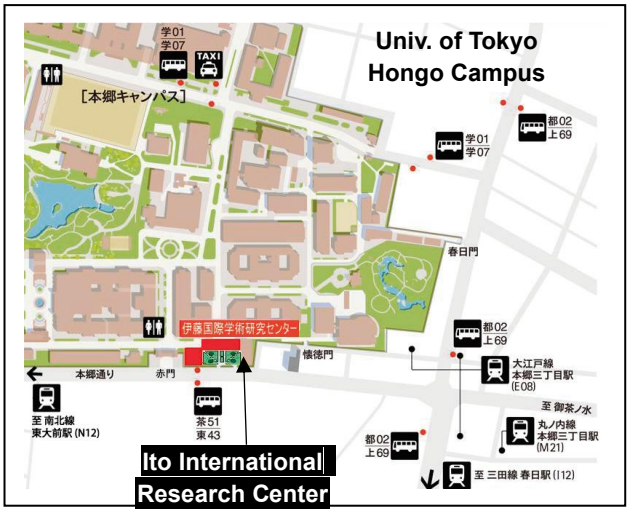
Ito International Research Center

(Hongo Campus, The University of Tokyo)
Address: 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8654, Japan
Tel: +81-3-5841-0779
URL: https://www.u-tokyo.ac.jp/adm/iirc/en/index.html



Access

[From Haneda Airport]
Take Tokyo Monorail Limited Express bound for "Hamamatsucho" and get off at "Hamamatsucho" Sta. (20 min.), change train to JR Yamanote Line bound for "Tokyo/Ueno" direction and get off at "Tokyo" Sta. (6 min.), change train to Tokyo Metro Marunouchi Line bound for "Ikebukuro" and get off at "Hongo-sanchome" Station (7 min.), 8 min. walk from "Hongo-sanchome" (Marunouchi Line) to the venue.
[From Narita Airport]
Take Keisei Narita Sky Access Line/Hokuso Line Limited Express Keisei Skyliner bound for "Keisei Ueno" and get off at "Keisei Ueno" Sta. (47 min.), walk to "Okachimachi" Sta. (10 min.), take Toei Oedo Line bound for "Iidabashi/Tochomae" and get off at "Hongo-sanchome" Sta. (2 min.), 6 min. walk from "Hongo-sanchome" (Oedo Line) to the venue.



Nearest station (Subway) : Time to the Venue
Hongo-sanchome (Marunouchi Line): 8 minutes' walk
Hongo-sanchome (Oedo Line): 6 minutes' walk
Yushima (Chiyoda Line): 15 minutes' walk
Todaimae (Nanboku Line): 12 minutes' walk

Registration Fee and Category

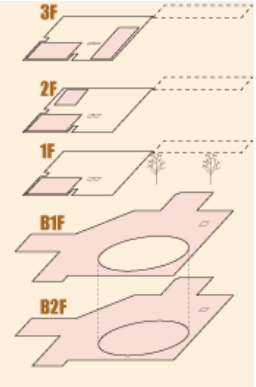
Category \ Term	Early Bird until February 28	Pre-Registration Until March 27	On Site
APASL Member	JPY 20,000	JPY 25,000	JPY 30,000
Non-Member	JPY 30,000	JPY 35,000	JPY 40,000
Accepted Abstract Submitter (APASL Member)	JPY15,000	JPY20,000	JPY25,000
Accepted Abstract Submitter (Non-Member)	JPY 25,000	JPY 30,000	JPY 35,000
Trainee / Resident	JPY 15,000	JPY 20,000	JPY 25,000
Medical Student / Medical Staff	JPY 3,000	JPY 5,000	JPY 10,000
Accompanying Person	JPY 5,000	JPY 5,000	JPY 5,000

JPY=Japanese Yen
*APASL Members who have paid 2026 Membership Fee can apply for discounted registration fee.

Onsite Registration/PC Pre-view Hours

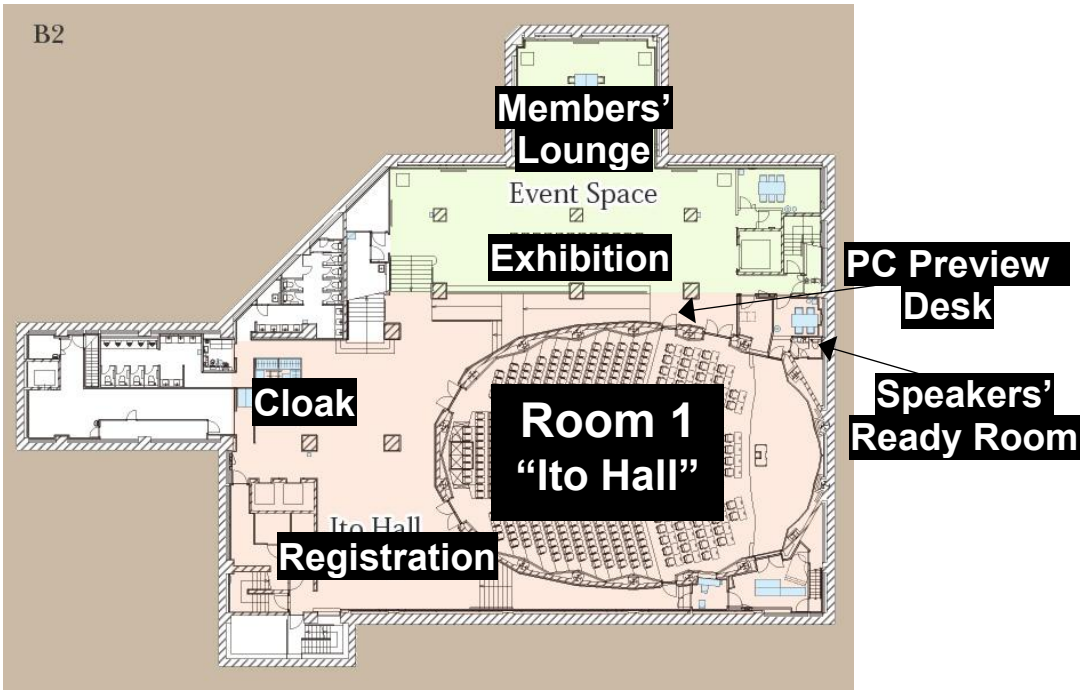
April 2 (Thursday) 8:15-18:00
April 3 (Friday) 8:15-17:00

Floor Plan: Ito International Research Center

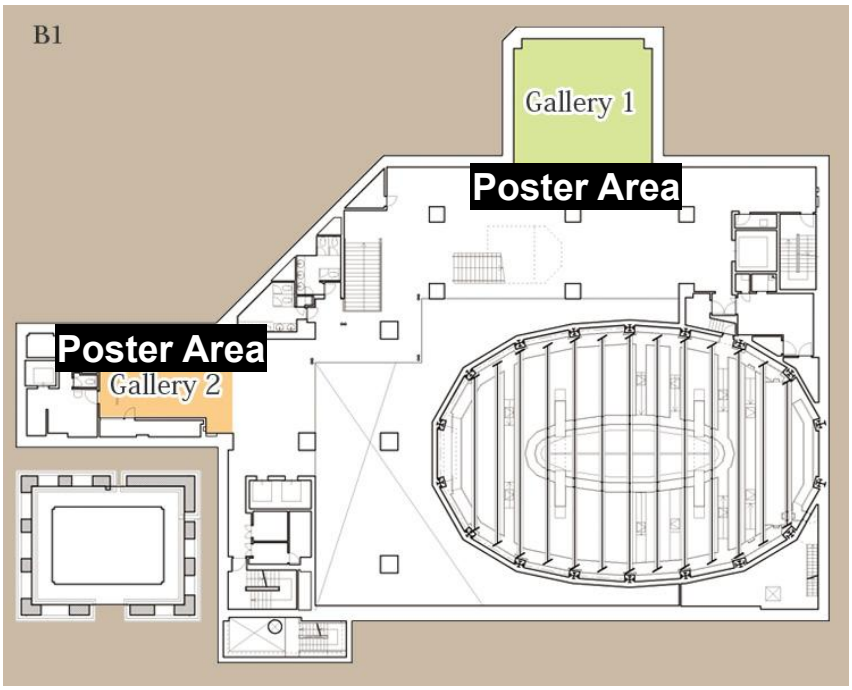


Registration, PC Preview Desk, Cloak: “Foyer” B2 Floor
Room 1: “Ito Hall” B2 Floor
Room 2: “Seminar Room” 3rd Floor
Poster Area: “Gallery 1 & 2” B1 Floor
Speakers’ Ready Room: “Meeting Room” B2 Floor
Faculty Lounge: “Faculty Club” 2nd Floor
Secretariat Room: “Meeting Room 1” 2nd Floor
Welcome Reception: “Event Space” B2 Floor
Members’ Lounge, Exhibition Area: “Event Space” B2 Floor

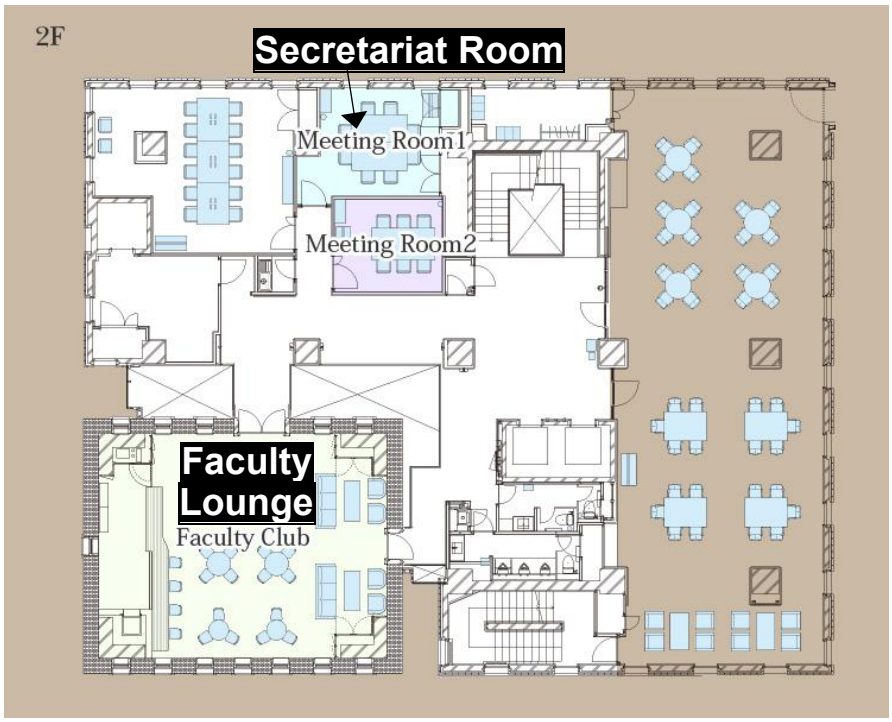
B2 Floor



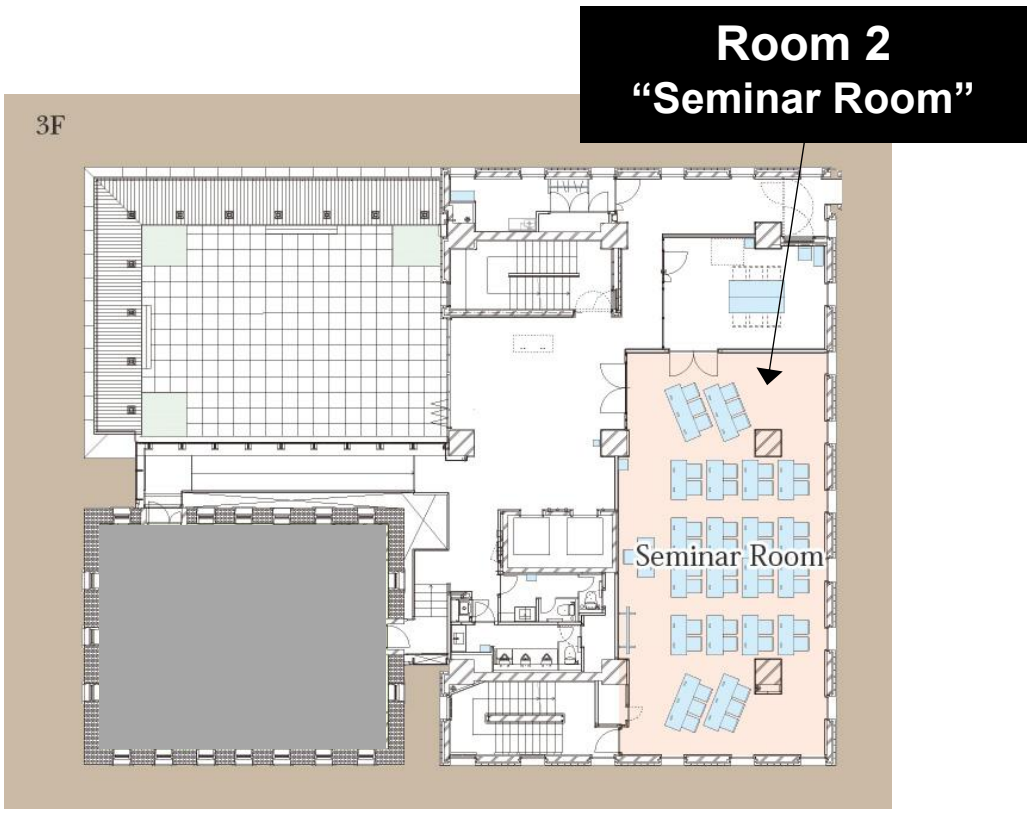
B1 Floor



2nd Floor



3rd Floor



Instruction for Oral Presentation

- Please complete your registration of presentation data at the Data Pre-View Desk, which will be located at the foyer on the B2 floor in front of the Room 1 “Ito Hall”, until 30 min. before your presentation time.
- The open hours of Data Pre-View Desk are as follows.

April 2 (Thursday) 8:15-18:00	April 3 (Friday) 8:15-17:00

- Please be seated at the “next speaker’s seat” at least 10 minutes before your presentation. The seat will be located near the podium.
- The slides which you have submitted in advance for the presentation are prepared on the computer of the podium.
- Your Presentation Time will be announced individually by E-mail.
- After presentation, the discussion time (a question-and-answer session) will be held according to the moderator’s instructions.
- The PC set at the podium is as below.
  ・OS：Windows 11 Pro
  ・PowerPoint：PowerPoint for Microsoft 365 MSO
- Please bring your data by USB memory stick.
- To avoid garbled characters, please use standard font which is originally installed by OS.
- Please put your name on your data file.
- If you bring your movies by data file, please prepare the file which can be played by standard Windows Media Player.
- Backup data by another media should be kept by the presenter.
- The projector’s screen resolution is set at 16:9 FULL HD. Please make your PPT data as such. (4:3 XGA is also projectable with a size smaller, black flamed on both left and right sides).
- Please operate your PPT data by yourself at the podium.
- You can use Presenter View of PPT only if you bring your own PC. It will take a few minutes to set up.
- **Awarding Ceremony: 16:35-16:45 on April 3 (Friday) at Room 1 “Ito Hall”**

<Disclosure of COI>

Regarding the disclosure of conflicts of interest on the second slide, please include one of the slides such as follows. The template is downloadable from the website of APASL Oncology 2026 Tokyo.

https://www.apasl-oncology2026tokyo.org/prg.html#prg-5

<If you bring your own PC>

- Please make sure that your PC has HDMI terminal for monitor output. (Some compact PC needs another connector. In case of that, please carry your own connector.)
- Macintosh and Keynote are acceptable only if you bring your own PC (Please carry your own connector).
- Please bring battery adapter to avoid battery off. Because sometimes a screen saver or power saving system could be a reason for battery off, please set your PC appropriately.

Instruction for Moderators

Please be seated at the “next moderator’s seat” at least 10 minutes before the session starts. The seat will be located forward near the stage.

After presentation, the discussion time (a question-and-answer session) will be held according to the moderator’s instructions. The participants will ask questions using the microphone at the conference hall.

If you have any questions, please contact the secretariat below.

We would like to thank you all for your cooperation.

Contact: APASL Oncology 2026 Tokyo Congress Secretariat

Email: info@apasl-oncology2026tokyo.org

Tel: +81-3-6380-0102 Fax: +81-3-6380-0103

URL http://www.apasl-oncology2026tokyo.o

Instruction for Poster Presentation

- Presentation time for each poster: 4 min. presentation + 2 min. discussion = 6 min. total.
- Location: Poster Session will be performed at Gallery 1 & Gallery 2 (B1F).
- Schedule: Poster Presentation is scheduled as follows.

For Presenter on Day 1 April 2 (Thursday)

Poster Attachment: 8:00-10:00 on April 2 (Thursday)
Poster Viewing: 10:00-18:00 on April 2 (Thursday)
Poster Session: 18:00-19:00 on April 2 (Thursday)
Poster Removal: 19:00-20:30 on April 2 (Thursday)

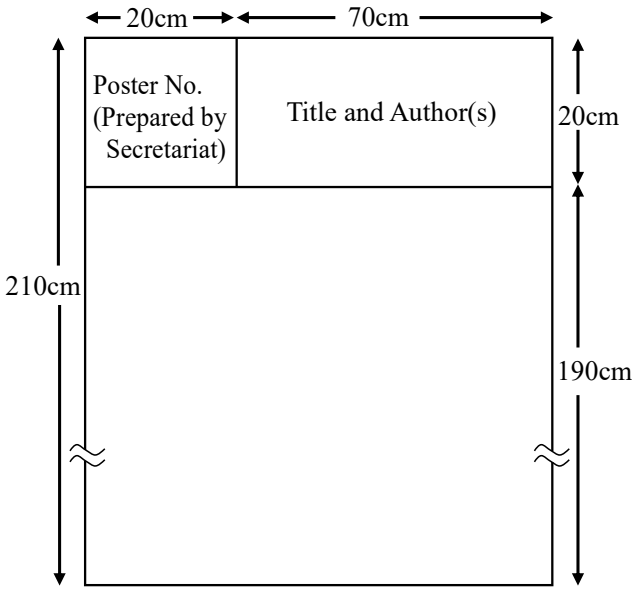
For Presenter on Day 2 April 3 (Friday)

Poster Attachment: 8:00-9:00 on April 3 (Friday)
Poster Viewing: 9:00-15:00 on April 3 (Friday)
Poster Session: 15:00-16:30 on April 3 (Friday)
Poster Removal: 16:30-17:30 on April 3 (Friday)

- For those who have not removed posters until above removal time, please accept that the secretariat will discard any posters that have remained.
- A panel width 90cm×length 210cm will be provided for each poster as the following sample.
- Poster number will be prepared by secretariat.
- Title and author's name are required to be prepared by each presenter.
- Pins for display will be provided at each poster panel.
- **Awarding Ceremony: 16:35-16:45 on April 3 (Friday) at Room 1 "Ito Hall"**

<Disclosure of COI>
Regarding the disclosure of conflicts of interest, please include one of the conflicts of interest disclosure slides using the template which can be downloaded from the website of APASL Oncology 2026 Tokyo. https://www.apasl-oncology2026tokyo.org/prg.html#prg-5

Poster Panel



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We would like to thank you all for your cooperation.

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c/o Academia Support Japan
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Tel: +81-3-6380-0102 Fax: +81-3-6380-0103
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Awards

Excellent papers will be awarded as “Presidential Award”, “Young Investigator Award”, and “Best Video Award”. The Awardees will be presented at the Awarding Ceremony for all presenters at 16:45-16:55 on Friday April 3rd at Room 1 “Ito Hall” B2F Ito International Research Center.

Presidential Award

For the most outstanding abstracts across all categories.

Young Investigator Award

For researchers **under 40 years old**, who will attend and present their work in person. These will be selected **from abstracts submitted by December 25, 2025**, to encourage early and high-quality submissions.

Best Video Award

For the most creative and technically outstanding video submission.
All awardees will be **honored during the Closing Ceremony** with official certificates and recognition.

Contact

APASL Oncology 2026 Tokyo Scientific Secretariat

Department of Internal Medicine, Teikyo University Chiba Medical Center, Japan

APASL Oncology 2026 Tokyo Congress Secretariat

c/o Academia Support Japan Email: info@apasl-oncology2026tokyo.org
Tel: +81-3-6380-0102 Fax: +81-3-6380-0103

APASL Oncology 2026 Tokyo Official Website

URL http://www.apasl-oncology2026tokyo.org

APASL Central Office (APASL Secretariat-Tokyo)

Asian Pacific Association for the Study of the Liver [APASL]
1-24-7-920, Shinjuku, Shinjuku-ku, Tokyo, 160-0022 Japan
Email: apasl_secretariat@apasl.info
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Memo

Sponsors and Support Organizations

The Organizing Committee of the APASL Oncology 2026 Tokyo would like to express sincere gratitude to the following sponsors and organizations for supporting this conference.

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Support Organizations

The Japan Society of Hepatology
Japan National Tourism Organization

APASL Oncology 2026 Tokyo Program at a Glance Day 1

April 2 (Thursday) 2026

	Room 1 (B2F Ito Hall)	Room 2 (3F Seminar Room)	Gallery (B1F)
09:00	8:30- Registration		
	9:00-9:10 **Opening Remarks**		
	9:10-10:40 **Session 1** "Current Management of Intrahepatic & Hilar CCA (I/H-CCA): Combined Treatment Strategies of Biliary Drainage and Anti-Cancer Therapy"	9:10-10:00 **Oral Free Papers 1**	
10:00		10:00-10:40 **Oral Free Papers 2**	Poster Viewing
	Coffee Break		
11:00	11:00-11:45 **Session 2** "Beyond irAEs: When Hepatic Toxicity Signals Therapeutic Success?"	11:00-11:50 **Oral Free Papers 3**	
12:00			
	12:00-13:00 **Luncheon Seminar 1** [AbbVie GK]	12:00-13:00 **Luncheon Seminar 2** [Eisai Co., Ltd.]	
13:00	13:10-13:30 **Keynote Lecture 1** "APASL and APASL ONCOLOGY"		
14:00	13:30-14:35 **Session 3** "Biliary Drainage Before Chemotherapy: ERCP vs EUS-BD/A - The Gateway to Successful Treatment for I/H CCA"	13:30-14:02 **Late Breaker Session 1**	
		14:02-14:35 **Late Breaker Session 2**	
	Coffee Break		
15:00	14:50-15:55 **Session 4** "MASLD-Related HCC: From Risk Identification to Pharmacologic Prevention" - Integrating Pathophysiology, Screening, and Intervention for the Next Era of HCC Prevention -"	14:50-15:10 **Late Breaker Session 3**	
		15:10-15:45 **Oral Free Papers 4**	
		15:45-16:10 **Oral Free Papers 5**	
16:00	15:55-16:15 **Special Session** "From Idea to Impact: How Young Hepatologists Build Clinical Research Careers - Launching the APASL - Oncology School: Educating the Next Leaders in Liver Cancer Research -"		
	16:15-16:55 **Keynote Lecture 2** "Medication for Prevention and Treatment"		
17:00			
	17:00-18:00 **Evening Seminar** [Gilead Sciences K.K.]		
18:00			18:00-19:00 **Poster Session**
19:00	19:00-20:30 **Welcome Reception** (Event Space, B2F)		

APASL Oncology 2026 Tokyo Program at a Glance Day 2

April 3 (Friday) 2026

	Room 1 (B2F Ito Hall)	Room 2 (3F Seminar Room)	Gallery (B1F)
	8:30- Registration		
09:00	9:00-10:30 **Session 5** "Systemic Therapy for HCC: Asia-Pacific Treatment Dynamics"	9:00-10:30 **Video Session**	Poster Viewing
10:00	Coffee Break		
11:00	10:45-11:50 **Session 6** "Surgical Resectability and Liver Transplantation for HCC: Redefining the Boundaries Across Asia"	10:45-11:17 **Oral Free Papers 6** 11:17-11:41 **Oral Free Papers 7**	
12:00	12:00-13:00 **Luncheon Seminar 3** [Chugai Pharmaceutical Co., Ltd.]		
13:00	13:10-13:30 **Keynote Lecture 3** "Overwhelming Number of HCC Cases with Portal Hypertension: Address a Big Challenge"		
14:00	13:30-14:45 **Session 7** "A-HOC Rising: Advancing Hepatocellular Carcinoma Care through Regional Collaboration"	13:30-13:55 **Oral Free Papers 8** 13:55-14:15 **Oral Free Papers 9** 14:15-14:45 **Oral Free Papers 10**	
15:00	Coffee Break		
16:00	15:00-16:05 **Session 8** "Image-Guided Interventions for HCC: Regional Practice, Education, and Future Directions"	15:00-15:32 **Young Investigator Award 1** 15:32-16:05 **Young Investigator Award 2**	15:00-16:30 **Poster Session**
	16:05-16:35 **Plenary Session**		
17:00	16:35-16:50 **Awarding Ceremony, Closing Remarks**		

*The program is subject to change.

APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

Scientific Program

APASL Oncology 2026 Tokyo Scientific Program

DAY 1, April 2 (Thursday) 2026

Room 1 “Ito Hall” B2F

9:00-9:10 **OPENING CEREMONY**

Opening Remarks: Dr. Shuntaro Obi, President of APASL Oncology 2026 Tokyo

9:10-10:40 **SESSION 1**

“Current Management of Intrahepatic & Hilar CCA (I/H-CCA): Combined Treatment Strategies of Biliary Drainage and Anti-Cancer Therapy”

Session focus

This session explores the evolving management of cholangiocarcinoma, covering systemic therapy, multidisciplinary strategies, and clinical challenges in optimizing treatment outcomes.

Moderators: Dr. Jae Hee Cho (Korea), Dr. Hiroyuki Isayama (Japan), Dr. Hirofumi Kogure (Japan)

S1-1 **Biliary Drainage and Anti-tumor Therapy for I/H-CCA: Real-World Sequencing in Asia**
Dr. Jae Hee Cho (Korea)

S1-2 **Endoscopic Management of Biliary Obstruction in I/H-CCA**
Dr. Hirofumi Kogure (Japan)

S1-3 **IO-Based Chemotherapy and Matched Therapy in I/H-CCA: What’s New and When to Start?**
Dr. Takashi Sasaki (Japan)

S1-4 **Consideration of Treatment Dynamics of I/H CCA from Tokyo Criteria**
Dr. Hiroyuki Isayama (Japan)

S1-5 **Molecular Basis of Intrahepatic Cholangiocarcinogenesis and Its Therapeutic Implications**
Dr. Hiroaki Fujiwara (Japan)

S1-6 **Landscape of the Biliary Cancer-Field Elucidated by Minute Dissection-Based Molecular Mapping: Opening A New Path to Early Diagnosis**
Dr. Yusuke Kouchi (Japan)

Discussion: Integrating Drainage, Pathology, and Systemic Therapy - What Is the Optimal Sequence?

10:40-11:00 **COFFEE BREAK**

11:00-11:45 **SESSION 2**

“Beyond irAEs: When Hepatic Toxicity Signals Therapeutic Success?”

Session focus

This session explores whether hepatic immune-related toxicity during immunotherapy represents a harmful adverse event or a biological signal of treatment response.

Moderators: Dr. Tatsuo Kanda (Japan), Dr. Sadahisa Ogasawara (Japan), Dr. Tomoharu Yamada (Japan)

S2-1 **Beyond the Storm: Life After irAEs–The Hepatic Frontier**
Dr. Sadahisa Ogasawara (Japan)

S2-2 **Hepatic irAEs and Survival Benefit: What We Learned from 924 Patients**
Dr. Tatsuo Kanda (Japan)

S2-3 **Immune Checkpoint Inhibitors as Bridging Therapy to Liver Transplantation: Balancing Antitumor Efficacy and the Risk of Graft Rejection**
Dr. Tomoharu Yamada (Japan)

Discussion: irAE=Favorable Prognostic Marker or Selection Bias?

12:00-13:00 **LUNCHEON SEMINAR 1 (AbbVie GK)**

"Accelerating Treatment Dynamics: Pan-Genotypic DAA and Beyond"
Moderator: Dr. Naoki Morimoto (Japan)

LS1-1 **Hepatocellular Carcinoma and Remaining Clinical Issues in the HCV Eradication Era**
Dr. Atsushi Hiraoka (Japan)

LS1-2 **Treatment, Retreatment, and Post-Treatment Challenges of Maviret for HCV**
Dr. Nobuharu Tamaki (Japan)

13:10-13:30 **KEYNOTE LECTURE 1**

"APASL and APASL ONCOLOGY"

Session focus
This keynote lecture presents the vision and future direction of APASL and APASL Oncology in advancing liver disease and liver cancer research across the Asia–Pacific region. It highlights the importance of regional collaboration, innovation, and leadership in addressing the evolving challenges of liver oncology.

Moderator: Dr. Shuntaro Obi (Japan)
Speaker: Dr. Masao Omata (Japan)

13:30-14:35 **SESSION 3**

"Biliary Drainage Before Chemotherapy: ERCP vs EUS-BD/A - The Gateway to Successful Treatment for I/H CCA"

Session focus
Optimal biliary drainage is crucial before systemic therapy for biliary tract cancers. This session compares ERCP and EUS-guided drainage strategies and discusses their clinical impact on treatment success.

Moderators: Dr. Rungsun Rerknimitr (Thailand), Dr. Yousuke Nakai (Japan), Dr. Naoki Sasahira (Japan)

S3-1 **Video Lecture 1: ERCP or EUS for Biliary Drainage Before Chemotherapy: Evidence and Practice Consideration**
Dr. Rungsun Rerknimitr (Thailand)

S3-2 **Video Lecture 2: EUS-guided Biliary Drainage/Anastomosis: Technical Pearls and Pitfalls**
Dr. Saburo Matsubara (Japan)

S3-3 **Does Quality of Biliary Drainage Affect Safety and Efficacy of Chemotherapy?**
Dr. Yousuke Nakai (Japan)

S3-4 **ERCP vs. EUS-BD/A ~Which should be the First-line Drainage? (Pro-ERCP)**
Dr. Suguru Mizuno (Japan)

S3-5 **Which should be First-line Drainage? Pro-EUS**
Dr. Kazuo Hara (Japan)

Discussion

14:35-14:50 **COFFEE BREAK**

14:50-15:55 **SESSION 4**

"MASLD-Related HCC: From Risk Identification to Pharmacologic Prevention –Integrating Pathophysiology, Screening, and Intervention for the Next Era of HCC Prevention–"

Session focus

With MASLD emerging as a major driver of hepatocellular carcinoma, this session highlights new insights into disease mechanisms, risk prediction, and potential strategies for prevention and early intervention.

Moderators: Dr. Diana A. Payawal (Philippines), Dr. Takumi Kawaguchi (Japan), Dr. Hayato Nakagawa (Japan)

S4-1 **MAFLD-Related Hepatocellular Carcinoma: From Mechanistic Insight to Risk Stratified Prevention**
Dr. Diana A. Payawal (Philippines)

S4-2 **Synergistic AI Approaches for Precision HCC Risk Stratification in MASLD: From Digital Pathology to Clinical Trajectory Prediction**
Dr. Takuma Nakatsuka (Japan)

S4-3 **Fibrosis, Stiffness Dynamics, and Cancer Risk: Lessons from MASLD Clinical Practice**
Dr. Taeang Arai (Japan)

S4-4 **Molecular Mechanisms of MASLD-related Hepatocarcinogenesis and Therapeutic Interception**
Dr. Hayato Nakagawa (Japan)

S4-5 **Pharmacologic Prevention of MASLD-related HCC: From SGLT2 Inhibitors to Next-Generation Metabolic Modulators**
Dr. Takumi Kawaguchi (Japan)

Panel Discussion: "Integrating Translational Insights into Clinical Prevention"

15:55-16:15 **Special Session**

"From Idea to Impact: How Young Hepatologists Build Clinical Research Careers —Launching the APASL-Oncology School: Educating the Next Leaders in Liver Cancer Research—"

Session focus

This session provides guidance for early-career hepatologists on developing impactful clinical research careers, fostering international collaboration, and nurturing the next generation of liver cancer investigators.

Moderator: Dr. Shuntaro Obi (Japan)

SS-1 **From Clinical Questions to Practice-Changing Evidence: Educating the Next Leaders in Liver Cancer Research in Asia-Pacific**
Dr. Ryosuke Tateishi (Japan)

SS-2 **Competing on the Global Stage: Strategies for Young Investigators in Hepatology**
Dr. Yujin Hoshida (USA)

16:15-16:55 **Keynote Lecture 2**

"New Horizons in Pharmacologic Prevention and Systemic Therapy for Liver Cancer"

Session focus

This keynote session highlights emerging pharmacologic strategies that may reshape the prevention and treatment of liver cancer. From metabolic-targeted therapies in MASLD/MASH to precision oncology integrating genomic profiling and immunotherapy, the session explores new horizons in liver cancer therapeutics.

Moderator: Dr. Masao Omata (Japan)

KL2-1 FGF21 Analogs in MASLD/MASH: From Metabolic Remodeling to Fibrosis Reversal and HCC Risk Modification
Dr. Motoyuki Otsuka (Japan)

KL2-2 Anti-cancer Medication on Horizon: Genomic Profiling and Immunotherapy Integration
Dr. Shigehisa Kitano (Japan)

17:00-18:00 **EVENING SEMINAR (Gilead Sciences K.K.)**

Moderator: Dr. Masao Omata (Japan)

ES Twilight of HCV-Related HCC: A Decade of Interferon-Free Revolution in Japan
Dr. Takahiro Kodama (Japan)

18:00-19:00 **POSTER SESSIONS at "Gallery 1&2" B1F, and "Event Space" B2F**

19:00-20:30 **WELCOME RECEPTION at "Event Space" B2F**

APASL Oncology 2026 Tokyo Scientific Program

DAY 1, April 2 (Thursday) 2026

Room 2 "Seminar Room" 3F

12:00-13:00 **LUNCHEON SEMINAR 2 (Eisai Co., Ltd.)**

"Future Multidisciplinary Treatment Strategies Based on Therapeutic Goals and Tumor Status"

Moderator: Dr. Masafumi Ikeda (Japan)

LS2-1 Deepening and Advancing Multidisciplinary Treatment for Hepatocellular Carcinoma: Tumor Status–Based Approaches Combining Lenvatinib and Interventional Radiology
Dr. Nobuhito Taniki (Japan)

LS2-2 Optimizing Drug Sequencing and Integrated Strategies in Hepatocellular Carcinoma: Maximizing the Therapeutic Potential of Lenvatinib in the ICI Era
Dr. Teiji Kuzuya (Japan)

APASL Oncology 2026 Tokyo Scientific Program

DAY 2, April 3 (Friday) 2026

Room 1 “Ito Hall” B2F

9:00-10:30 **SESSION 5**

“Systemic Therapy for HCC: Asia-Pacific Treatment Dynamics”

Session focus

With an expanding range of systemic therapy options for hepatocellular carcinoma, treatment strategies are becoming increasingly complex. This session presents perspectives from across the Asia–Pacific region on first-line selection, treatment sequencing, and the emerging role of biomarkers in guiding personalized therapy.

Moderators: Dr. Yi-Hsiang Huang (Taiwan), Dr. Masatoshi Kudo (Japan), Dr. Ryosuke Tateishi (Japan)

S5-1 **Systemic Therapy for Unresectable Hepatocellular Carcinoma-2026 and Beyond**
Dr. George K.K. Lau (Hong Kong SAR, China)

S5-2 **Mainland China Perspective: Systemic Therapy for Hepatocellular Carcinoma: Access, Sequence, and New Combination Strategies**
Dr. Lai Wei (China)

S5-3 **Taiwan Experience: Balancing TKI, ICI, and Real-world Constraints**
Dr. Yi-Hsiang Huang (Taiwan)

S5-4 **Systemic Therapy for Advanced Hepatocellular Carcinoma in the Era of Combination Immunotherapy: Real-world Treatment Sequences and Outcomes from the HERITAGE Study**
Dr. Yoshinari Asaoka (Japan)

S5-5 **How Do We Sequence Systemic Therapy in Daily Practice?**
Dr. Sadahisa Ogasawara (Japan)

S5-6 **Systemic Therapy Biomarkers: Translating Molecular Signatures into Clinical Decisions**
Dr. Takahiro Kodama (Japan)

S5-7 **The Evolving Landscape of Systemic Therapy**
Dr. Ryosuke Tateishi (Japan)

Discussion

10:30-10:45 **COFFEE BREAK**

10:45-11:50 **SESSION 6**

"Surgical Resectability and Liver Transplantation for HCC: Redefining the Boundaries Across Asia"

Session focus

Surgical resection and liver transplantation remain key curative options for hepatocellular carcinoma, yet their indications continue to evolve. This session explores how resectability and transplant eligibility are defined across Asia, highlighting emerging concepts such as borderline resectable HCC and strategies to optimize outcomes in liver transplantation.

Moderators: Dr. Itsuko Chih-Yi Chen (Taiwan), Dr. Etsuro Hatano (Japan), Dr. Kiyoshi Hasegawa (Japan)

S6-1 The Experience of Liver Transplantation for HCC in Qingdao
Dr. Cai Jinzhen (China)

S6-2 Optimizing Outcomes of Living Donor Liver Transplantation for Hepatocellular Carcinoma
Dr. Itsuko Chih-Yi Chen (Taiwan)

S6-3 How We Define Resectability of HCC in Practice
Dr. Junichi Shindoh (Japan)

S6-4 The Concept of Borderline Resectable HCC: Japanese Perspective
Dr. Etsuro Hatano (Japan)

Discussion

12:00-13:00 **LUNCHEON SEMINAR 3 (Chugai Pharmaceutical Co., Ltd.)**

"Five-Year Experience of Atezolizumab plus Bevacizumab for HCC: Clinical Insights and Future Strategies"

Moderator: Dr. Masafumi Ikeda (Japan)

LS3-1 Optimizing Atezolizumab-Bevacizumab Therapy for HCC: Real-World Evidence from 5-Year Multicenter Analysis of 1,200 Cases
Dr. Joji Tani (Japan)

LS3-2 How to Optimize Atezolizumab plus Bevacizumab for Real-World HCC: Sequencing, Early Biomarkers, and On-Demand Add-On TACE
Dr. Teiji Kuzuya (Japan)

13:10-13:30 **KEYNOTE LECTURE 3**

"Overwhelming Number of HCC Cases with Portal Hypertension: Address a Big Challenge"

Session focus

Portal hypertension remains one of the greatest challenges in the management of hepatocellular carcinoma across the Asia–Pacific region. In this keynote lecture, Professor Shiv K. Sarin shares insights from decades of clinical experience on how portal hypertension influences treatment decisions and outcomes in patients with HCC.

Moderators: Dr. Masao Omata (Japan), Dr. Shuntaro Obi (Japan)
Speaker: Dr. Shiv K. Sarin (India)

13:30-14:45 **SESSION 7**

"A-HOC Rising: Advancing Hepatocellular Carcinoma Care through Regional Collaboration"

Session focus

This session introduces the Asian Hepatocellular Carcinoma Outcomes Consortium (A-HOC), a collaborative initiative designed to advance liver cancer research through regional data sharing and multidisciplinary partnership across Asia. By connecting investigators and harmonizing clinical datasets, A-HOC aims to create new research opportunities, particularly for young investigators, and to build a sustainable platform for future collaborative studies in hepatocellular carcinoma.

Moderators: Dr. Amarsanaa Jazag (Mongolia), Dr. Motoyuki Otsuka (Japan), Dr. Ryousuke Tateishi (Japan)

S7-1 **What is A-HOC? Consortium Vision, Structure, and Activities: APASL Oncology = Platform for A-HOC Expansion**
Dr. Shuntaro Obi (Japan)

S7-2 **Building a Unified HCC Dataset: Turkey's Contribution to A-HOC's Regional Evidence Platform**
Dr. A. Kadir Dokmeci (Turkey)

S7-3 **A-HOC Data: Creating New Research Opportunities for Young Investigators**
Dr. Yasuto Takeuchi (Japan)

S7-4 **Country Spotlight: HCC Practice and Data Needs in Mongolia**
Dr. Amarsanaa Jazag (Mongolia)

S7-5 **Uniting Islands, Uniting Data: Indonesia's Role in the A-HOC Network**
Dr. Rino Gani (Indonesia)

S7-6 **Empowering Regional Collaboration and Education: Thailand's Role in A-HOC**
Dr. Teerha Piratvisuth (Thailand)

Discussion
Comment by Dr. Masao Omata (As founder)

14:45-15:00 **COFFEE BREAK**

15:00-16:05 **SESSION 8**

"Image-Guided Interventions for HCC: Regional Practice, Education, and Future Directions"

Session focus

Image-guided therapies continue to play a central role in hepatocellular carcinoma treatment. This session explores regional experiences in ablation, embolization, and radiation-based interventions, while highlighting innovations, training strategies, and future directions in interventional oncology.

Moderators: Dr. Kai-Wen Huang (Taiwan), Dr. Shuichiro Shiina (Japan), Dr. Toshihiro Tanaka (Japan)

S8-1 **Building an Asia-Pacific Training Network for Tumor Ablation: Evolution and Future Perspectives**
Dr. Shuichiro Shiina (Japan)

S8-2 **Local Ablation for HCC: Training and Skill Advancement in Taiwan**
Dr. Kai-Wen Huang (Taiwan)

S8-3 **ReMAP-Based Transarterial Embolization: Toward Personalized IVR**
Dr. Toshihiro Tanaka (Japan)

S8-4 The Evolution of Hepatic Arterial Infusion Chemotherapy for Advanced Hepatocellular Carcinoma: Multidisciplinary Strategies in the Era of Chemo-diversity
Dr. Hideki Iwamoto (Japan)

S8-5 High Precision Radiotherapy: A New Frontier in Focal Therapy
Dr. Hirokazu Makishima (Japan)

Discussion

16:05-16:35 **PRESIDENTIAL PLENARY SESSION**
"Best Research from APASL Oncology 2026"

Session focus
This plenary session features the highest-scoring presentations selected from the conference. The Presidential Award and Young Investigator Award lectures highlight outstanding research and emerging leaders shaping the future of liver oncology.

Moderators: Dr. Yasuhito Tanaka (Japan), Dr. Keisuke Tateishi (Japan)

PS-1 10177 PRESIDENTIAL AWARD
Plasma TWEAK as a Predictive Biomarker of Response to Tremelimumab plus Durvalumab in Advanced Hepatocellular Carcinoma
Dr. Takeru Hirao (Japan)

PS-2 10130 PRESIDENTIAL AWARD
Surgical Benefit and Futility in Borderline Resectable Hepatocellular Carcinoma: A Multicenter Study
Dr. Norifumi Iseda (Japan)

PS-3 10003 YOUNG INVESTGATOR AWARD
The First Application and Feasibility Assessment of 5G-enabled Remote Robot-assisted Hepatobiliary and Pancreatic Surgery in Patients with Malignant Tumors
Dr. Xingru Wang (China)

16:35-16:50 **AWARDING & CLOSING CEREMONY**

APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

Oral Free Papers Program

APASL Oncology 2026 Tokyo Oral Free Papers Program

DAY 1, April 2 (Thursday) 2026

Room 2 “Seminar Room” 3F

9:10-10:00 **FREE PAPER SESSION 1**

“Prevention and Surveillance of Hepatocellular Carcinoma Across Viral and Non-Viral Liver Diseases”

Moderators: Dr. Yoshinari Asaoka (Japan), Dr. Takeshi Hatanaka (Japan)

FPS1-1 10053
Implementing Community-Based Hepatitis B Screening and Hepatocellular Carcinoma Screening in Resource-Limited Settings: A Qualitative Evaluation of Thailand's EZ Liver Network
Dr. Passakorn Wanchaijiraboon (Thailand)

FPS1-2 10223
A Large-Center Comparison of Hepatocellular Carcinoma Characteristics in Hepatitis C Patients Treated with Direct-Acting Antivirals Versus Untreated Patients
Dr. Mohamed Abdel-Samiee (Egypt)

FPS1-3 10107
Reduced Performance of Alpha-fetoprotein in Sustained Virological Response-related and Non-viral Early Hepatocellular Carcinoma: Complementary Value of PIVKA-II
Dr. Yuji Ikeda (Japan)

FPS1-4 10131
Clinical Characteristics and Surveillance Impact on Non-Viral Hepatocellular Carcinoma: A 20-Year Observational Study
Dr. Katsuya Nagaoka (Japan)

FPS1-5 10118
Integrative Clinical and Molecular Risk Score for Prevention of HBV-related HCC
Dr. Hiroyuki Suzuki (USA)

FPS1-6 10120
Serum Biomarker-based Score to Evaluate HCC Risk in HCV-cured Patients
Dr. Hiroaki Kanzaki (USA)

10:00-10:40 **FREE PAPER SESSION 2**

“Contemporary and Emerging Issues in Hepatocellular Carcinoma”

Moderators: Dr. Kaoru Tsuchiya (Japan), Dr. Tomoharu Yamada (Japan)

FPS2-1 10123
Hepatocellular Carcinoma Stage, Treatment Patterns, and Survival Outcomes in a Contemporary Multicentre International Cohort
Dr. Yin Min Hwang (Singapore)

FPS2-2 10091
Development and Validation of a Deep Learning Model to Prognosticate Hepatocellular Carcinoma
Dr. Daniel Q. Huang (Singapore)

FPS2-3 10122
Young Onset Hepatocellular Carcinoma Presents at Advanced Stage with Limited Treatment Options
Dr. Amruthavarshini Nagabhushana (India)

FPS2-4 10136
Environmental Exposure to Cadmium, Lead, and Mercury as a Public Health Risk Factor for Hepatocellular Carcinoma
Dr. Ankush Kumar (India)

FPS2-5 10151
Feasibility and Safety of Hepatic Rehabilitation in HCC Patients with Decompensated Cirrhosis
Dr. Takumi Kawaguchi (Japan)

10:45-11:00 **COFFEE BREAK**

11:00-11:50 **FREE PAPER SESSION 3**
"Translational Insights in Biliary Tract Cancers: Tumor Biology, Biomarkers, and Clinical Implications"
Moderators: Dr. Takashi Sasaki (Japan), Dr. Natsuyo Yamamoto (Japan)

FPS3-1 10011
Aging-Driven Immunosuppressive Remodeling of the Tumor Microenvironment in Gallbladder Cancer: Insights from Single-Cell Transcriptomics
Dr. Lei Kong (China)

FPS3-2 10144
KLF5 Mediates a Galectin1-FBP1-RAS/ERK Cascade to Drive Proliferation and Migration in Intrahepatic Cholangiocarcinoma
Dr. Xing Yu (China)

FPS3-3 10167
Lactylation of PPP1CA at K305 Promotes Lymph Node Metastasis in Intrahepatic Cholangiocarcinoma by Sustaining TGF-β Signaling
Dr. Yuheng Hu (China)

FPS3-4 10202
Epigenetic Silencing of PTEN as a Prognostic and Translational Biomarker in Periampullary Adenocarcinoma
Dr. Asgar Ali (India)

FPS3-5 10184
Prognostic Impact of Adipose Tissue Volume in Unresectable Biliary Tract Cancer Treated with Gemcitabine, Cisplatin, and Immunotherapy
Dr. Tsuyoshi Takeda (Japan)

FPS3-6 10172
Feasibility and Safety of Endoscopic Ultrasound-guided Tissue Acquisition for Biliary Lesions
Dr. Keito Nakagawa (Japan)

13:30-14:02 **LATE BREAKER SESSION 1**

"Immunobiology and Translational Insights in Liver Cancer"

Moderators: Dr. Hideaki Ijichi (Japan), Dr. Ryota Masuzaki (Japan)

LBS1-1 10248

HLA-DR^{+} Tumor Cells Mimic Antigen-presenting Cells to Mediate Immunosuppression in HBV-related Hepatocellular Carcinoma

Dr. Wenjing Yuan (China)

LBS1-2 10236

High Ammonia Promotes EHHADH-dependent Pyrimidine Degradation to Induce Inflammatory Cell Death in HCC

Dr. Jinhui Wei (China)

LBS1-3 10239

Sarcomatoid Transformation is Associated with Immunosuppressive Remodeling in Hepatocellular Carcinoma

Dr. Ryo Morisue (Japan)

LBS1-4 10254

Bile-based Liquid Biopsy for Diagnosis and Therapeutic Stratification of Biliary Strictures

Dr. Hiroshi Ohyama (Japan)

14:02-14:35 **LATE BREAKER SESSION 2**

"Precision Decision-Making and Treatment Strategies in Hepatobiliary Cancer"

Moderators: Dr. Yoshihiro Hirata (Japan), Dr. Hideo Yoshida (Japan)

LBS2-1 10246

Large Language Models Underperform Multidisciplinary Teams for Hepatocellular Carcinoma Treatment Decisions Despite Escalating Prompting Strategies: A Prospective Study

Dr. Amith Vishwanath (India)

LBS2-2 10272

Causal Machine Learning-Guided Personalized Immunochemotherapy Strategies in Intrahepatic Cholangiocarcinoma

Dr. Jun-Hao Mei (China)

LBS2-3 10232

NEO-ERA-01: A phase II Study of Neoadjuvant HAIC (GEMOX) Plus Adebrelimab and Lenvatinib in High-risk Resectable Intrahepatic Cholangiocarcinoma

Dr. Jianhua Rao (China)

LBS2-4 10250

Stage-dependent Liver Stiffness Resolution after HCV SVR: a Longitudinal 8-year Follow-up Study

Dr. Shuntaro Obi (Japan)

14:35-14:50 **COFFEE BREAK**

14:50-15:10 **LATE BREAKER SESSION 3**

"Precision Decision-Making and Treatment Strategies in Hepatobiliary Cancer"

Moderators: Dr. Yoshihiro Hirata (Japan), Dr. Hideo Yoshida (Japan)

LBS3-1 10241

Efficacy and Safety of Postoperative Adjuvant Donafenib Therapy in Patients with High-risk Recurrence after Radical Resection of Hepatocellular Carcinoma: A Multicenter Retrospective Study

Dr. Jianhua Rao (China)

LBS3-2 10273

The Risk of Decompensation in Steatotic Liver Disease-related Hepatocellular Carcinoma after Curative Treatment

Dr. Yuki Matsushita (Japan)

15:10-15:45 **FREE PAPER SESSION 4**

Stress Adaptation and Tumor Evolution in Hepatocellular Carcinoma

Moderators: Dr. Kazuya Okushin (Japan), Dr. Yasuo Tanaka (Japan)

FPS4-1 10094

MicroRNA-199a-5p Disrupts Unfolded Protein Response-mediated Stress Adaptation in Hepatocellular Carcinoma Cells

Dr. Chaiyaboot Ariyachet (Thailand)

FPS4-2 10108

Dynamic Regulation of Membrane Fluidity Drives Tumor Evolution and Attenuates TNF alpha-Mediated Apoptosis in Hepatocellular Carcinoma

Dr. Boqiang Liu (China)

FPS4-3 10162

AARS1 Promotes Tumor Progression and Immune Evasion through ATF6 Lactylation-driven Tryptophan Metabolism in Hepatocellular Carcinoma

Dr. Yiming Wang (China)

FPS4-4 10178

Dfna5-dependent Hepatocyte Death Promotes Inflammatory TNF Signaling in Kupffer Cells to Drive Hepatocarcinogenesis

Dr. Tomoya Hamabe (Japan)

15:45-16:10 **FREE PAPER SESSION 5**

"Tumor–Immune Interactions and Translational Targets in Hepatocellular Carcinoma"

Moderators: Dr. Jun Arai (Japan), Dr. Naoki Morimoto (Japan)

FPS5-1 10119

Reverse-engineering Strategy Identified DDR1 as HCC Chemoprevention Target Post HCV Cure

Dr. Hiroaki Kanzaki (USA)

FPS5-2 10147

A Fe-Curcumin-based Strategy to Reinvigorate CAR-T Cells by Reversing Exhaustion and Senescence in Liver Cancer

Dr. Yuchan Xue (China)

FPS5-3 10100

Natural Killer Cell Drives Liver Cancer Evolution Through Cholesterol Metabolism Reprogramming

Dr. Liang Shi (China)

APASL Oncology 2026 Tokyo Oral Free Papers Program

DAY 2, April 3 (Friday) 2026

Room 2 “Seminar Room” 3F

9:00-10:30 **VIDEO SESSION**

“Mastering Complex Hepato-Biliary Procedures: Pitfalls, Navigation, and Advanced Minimally Invasive Techniques”

Session focus

Seeing is learning. This special video session showcases expert techniques in complex hepatobiliary surgery and advanced minimally invasive procedures, highlighting operative pitfalls, anatomical navigation, and innovative approaches that are shaping the future of hepato-biliary intervention.

Moderators: Dr. Hiroaki Nagano (Japan), Dr. Masayuki Otsuka (Japan)

VS-1 10073 YOUNG INVESTGATOR AWARD
Pitfalls in Posterior Sectionectomy and S7 Segmentectomy Focusing on the Running Pattern of the Right Posterior Inferior Portal Branch (P6a) and Portal Vein Branching Anatomy
Dr. Gakushi Kitamura (Japan)

VS-2 10074 BEST VIDEO AWARD
Surgical Strategy for Laparoscopic Right Intersectional Plane Resection in Right Anterior/Posterior Sectionectomy and S7/S8 Segmentectomy, Based on the Courses of P6a and the Right Hepatic Vein
Dr. Yusuke Yamamoto (Japan)

VS-3 10004
Infrared Laser-guided Laparoscopic Portal Vein Drainage Area Anatomic Liver Resection Using ICG Positive Staining
Dr. Xingru Wang (China)

VS-4 10077
Optimizing Specimen Extraction in Laparoscopic Resection of Giant Liver Tumors Using a Pfannenstiel Incision
Dr. Rie Shibata (Japan)

VS-5 10143
Advanced Minimally Invasive Hepatectomy Through Standardized Hepatic Vein Control- Translating Laparoscopic Strategies to Robotic Surgery -
Dr. Taisuke Imamura (Japan)

VS-6 10069
Initial Experience with Robot-assisted Liver Resection Using the da Vinci SP System
Dr. Mei Nakamura (Japan)

VS-7 10090
EUS-Guided Portal Vein Sampling as a Novel Liquid Biopsy Approach for Pancreatic Cancer
Dr. Hiroki Yamana (Japan)

10:30-10:45 **COFFEE BREAK**

10:45-11:17 **FREE PAPER SESSION 6**

"Patient Selection and Risk Stratification for Systemic Therapy in Advanced Hepatocellular Carcinoma"

Moderators: Dr. Toru Arano (Japan), Dr. Tatsuya Minami (Japan)

FPS6-1 10038
Clinical Characteristics of Combination Immunotherapy in Elderly Patients with Unresectable Hepatocellular Carcinoma
Dr. Chikako Nagao (Japan)

FPS6-2 10064
Prognostic Value of Combined Child– Pugh Score and Modified Albumin– Bilirubin Grade in Unresectable Hepatocellular Carcinoma Treated with Atezolizumab plus Bevacizumab
Dr. Tomonao Taira (Japan)

FPS6-3 10106
Association of Lenvatinib Pharmacokinetics with mALBI in Hepatocellular Carcinoma and Evaluation of Efficacy and Safety
Dr. Yumi Otoyama (Japan)

FPS6-4 10139
Regional Lymph Node Metastasis in Hepatocellular Carcinoma Treated with Immune-based Systemic Therapy: Prognostic Significance and Implications for Clinical Staging
Dr. Qian Chen (China)

11:17-11:41 **FREE PAPER SESSION 7**

"Combination and Multimodal Strategies for Advanced Hepatocellular Carcinoma with Vascular Invasion"

Moderators: Dr. Hiroaki Nagamatsu (Japan), Dr. Hiroyoshi Taniguchi (Japan)

FPS7-1 10097
Should Transarterial Chemoembolization Be Applied with Systemic Therapy for Hepatocellular Carcinoma with Hepatic Vein and/or Inferior Vena Cava Tumor Thrombus: A Multicenter Study
Dr. Long-Wang Lin (China)

FPS7-2 10160
Real-World Outcomes of Sequential Transarterial Chemoembolization followed by Atezolizumab-Bevacizumab in Patients with Advanced Hepatocellular Carcinoma
Dr. Soe Thiha Maung (Thailand)

FPS7-3 10183
Efficacy of Combined Three-Dimensional Conformal Radiotherapy and Hepatic Arterial Infusion Chemotherapy for Unresectable Hepatocellular Carcinoma with Major Vascular Invasion
Dr. Joji Tani (Japan)

13:30-13:55 **FREE PAPER SESSION 8**

"Surgical Decision-Making in Hepatocellular Carcinoma: Who, When, and How Far?"

Moderators: Dr. Yoshikuni Kawaguchi (Japan), Dr. Keiji Sano (Japan)

FPS8-1 10111
Prognostic Impact of the Oncological Resectability Criteria in Patients Undergoing Liver Resection for Hepatocellular Carcinoma
Dr. Hayato Abe (Japan)

FPS8-2 10078
Surgical Outcomes and Treatment Strategies for Solitary Giant Hepatocellular Carcinoma
Dr. Atomu Suzuki (Japan)

FPS8-3 10146
Association between Prophylactic Antibiotics and Post-ablation Infections in Hepatocellular Carcinoma Patients: A Retrospective Multicenter Cohort Study
Dr. Ting Luo (China)

13:55-14:15 **FREE PAPER SESSION 9**
"Locoregional Approaches in Hepatocellular Carcinoma: From Treatment Response to Hemodynamic Management"
Moderators: Dr. Yukihiro Koike (Japan), Dr. Ryota Masuzaki (Japan)

FPS9-1 10076
PIVKA-II Monitoring to Predict Response to the First Transarterial Chemoembolization (TACE) in Intermediate-Stage Hepatocellular Carcinoma
Dr. Chitchai Rattananukrom (Thailand)

FPS9-2 10158
Role of Transjugular Intrahepatic Portosystemic Shunt (TIPS) in Refractory Gastrointestinal Bleeding inHepatocellular Carcinoma Patients with Portal Vein Thrombosis: A Prospective Cohort Study
Dr. Atteyat Semeya (Saudi Arabia)

14:15-14:45 **FREE PAPER SESSION 10**
"Imaging and Radiation in Hepatocellular Carcinoma: From Diagnosis to Therapeutic Synergy"
Moderators: Dr. Takamasa Ohki (Japan), Dr. Toshihiro Tanaka (Japan)

FPS10-1 10029
Development of Novel Deep Multimodal Representation Learning-based Model for the Differentiation of Liver Tumors on B-Mode Ultrasound Images
Dr. Masaya Sato (Japan)

FPS10-2 10204
Dissociation Between Multiphasic CT-Defined Tumor Burden and Endoscopic Portal Hypertension Severity in Cirrhotic and Non-Cirrhotic Hepatocellular Carcinoma
Dr. Aldisa Puspitasari (Indonesia)

FPS10-3 10210
Stereotactic Body Radiotherapy Enhances the Efficacy of Nivolumab in Advanced Hepatocellular Carcinoma: A Comparative Cohort Analysis
Dr. Phool Chand (India)

14:45-15:00 **COFFEE BREAK**

15:00-15:32 **YOUNG INVESTIGATOR AWARD SESSION 1**
"Rising Stars in Liver Oncology: Mechanisms, Metabolism, and the Tumor Microenvironment"

Session focus
This session highlights innovative mechanistic and translational research led by emerging investigators in liver oncology, exploring tumor metabolism, immune regulation, and novel therapeutic strategies.

Moderators: Dr. Shin Maeda (Japan), Dr. Suguru Mizuno (Japan)

YIA1-1 10013
Repurposing Resmetirom Suppresses MASH-associated Hepatocellular Carcinoma, with Mechanistic Implications of MDK/LRP1-mediated Metabolic Reprogramming and Immunosuppression
Dr. Vanilla Xin Zhang (Hong Kong)

YIA1-2 10017
Transitional Hepatocytes and Immunosuppressive Macrophages Drive NASH-Associated Liver Cancer Revealed by Single-Cell Transcriptomics
Dr. Firdian Makrufardi (Indonesia)

YIA1-3 10047
Gemcitabine Modulates the Tumor Immune Microenvironment to Enhance Response to Immune-checkpoint Inhibitors in Biliary Tract Cancer
Dr. Kenji Nose (Japan)

YIA1-4 10065
Strategic Integration of Locoregional Interventions to Optimize Survival Outcomes following First-line ICI Combinations in Advanced Hepatocellular Carcinoma
Dr. Masaki Omori (Japan)

15:32-16:05 **YOUNG INVESTIGATOR AWARD SESSION 2**

"Rising Stars in Liver Oncology: Clinical Prediction, Risk Stratification, and Real-World Challenges"

Session focus

This session showcases young investigators addressing key clinical challenges in liver oncology, including biomarker development, treatment-related complications, and risk prediction in real-world practice.

Moderators: Dr. Shin Maeda (Japan), Dr. Suguru Mizuno (Japan)

YIA2-1 10020
Impact of Antihypertensive Drug Selection on Proteinuria Risk During Atezolizumab Plus Bevacizumab Therapy for Hepatocellular Carcinoma
Dr. Takashi Kitagataya (Japan)

YIA2-2 10060
Pretreatment Serum Heparin-Binding Protein as a Predictive Biomarker for Atezolizumab Plus Bevacizumab Therapy in Advanced Hepatocellular Carcinoma
Dr. Satoshi Narahara (Japan)

YIA2-3 10041
Novel Risk Score Incorporating Type-IV Collagen, Albumin, and Prothrombin Time (CAP score) to Predict 180-Day Surgery-Related Mortality After Liver Resection for Hepatocellular Carcinoma
Dr. Tomoaki Hayakawa (Japan)

YIA2-4 10070
Unexpected Rapid Progression of Hepatocellular Carcinoma After Radiofrequency Ablation
Dr. Takuma Kaneko (Japan)

APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

Poster Sessions Program

APASL Oncology 2026 Tokyo Poster Sessions Program

DAY 1, April 2 (Thursday) 2026

Poster Area “Gallery 1&2” B1F, “Event Space” B2F

18:00-19:00 **Poster Free Paper Sessions**

Poster Group 1: Biliary Poster Session 1 18:00-18:30

“Epidemiology, Risk Factors, and Disease Biology of Cholangiocarcinoma”
Moderator: Dr. Toshihiko Arizumi (Japan)

BP1-1 10182
Divergent Chromosomal Architectures in Cholangiocarcinoma Cell Lines with Comparable Proliferation Rates: Implications for Genomic Heterogeneity
Dr. Ratana Leksomboon (Thailand)

BP1-2 10148
The Impact and Mechanisms of YES1 in Intrahepatic Cholangiocarcinoma Progression
Dr. Tao Han (China)

BP1-3 10019
Clinicopathological Features of Metabolic Dysfunction-Associated Steatotic Liver Disease-Related Intrahepatic Cholangiocarcinoma
Dr. Zhaohui Tang (China)

BP1-4 10056
Prognostic Impact of Etiologies on Intrahepatic Cholangiocarcinoma: An Analysis of a Nationwide Registry
Dr. Kazuya Okushin (Japan)

BP1-5 10161
Dose-response Association between Waist Circumference and Risk of Cholangiocarcinoma: A Nationwide Population-based Cohort Study
Dr. Joo-Hyun Park (Korea)

Poster Group 2: Biliary Poster Session 2 18:30-18:54

“Diagnosis, Endoscopic Strategies, and Supportive Care in Biliary Tract Diseases”
Moderator: Dr. Nobuo Toda (Japan)

BP2-1 10141
Clinical Utility of Peroral Cholangioscopy-Guided Biopsy in the Diagnosis of Biliary Lesions
Dr. Nobuhiro Katsukura (Japan)

BP2-2 10063
Optimal Biliary Drainage for Malignant Hilar Biliary Obstruction
Dr. Naminatsu Takahara (Japan)

BP2-3 10089
Selective Endoscopic Nasobiliary Drainage to Determine the Resection Range for Intraductal Papillary Neoplasm of the Bile Duct with an Indeterminate Primary Site: A Case Report
Dr. Junichi Kaneko (Japan)

BP2-4 10133
Case Report of Primary Hepatic Carcinoma Complicated with Cholangiolar Sarcomatoid Carcinoma
Dr. Jiawei Zhang (China)

Poster Group 3: Biliary Poster Session 3 18:00-18:36
"Systemic Therapy, Immunotherapy, and Real-World Outcomes in Biliary Tract Cancer"
Moderator: Dr. Kenji Hirano (Japan)

BP3-1 10173
Advances in the Management of Intrahepatic Cholangiocarcinoma and Temporal Changes in Prognosis: A Prospective Long-Term Real-World Data Analysis
Dr. Sumio Hirose (Japan)

BP3-2 10127
Hepatic Arterial Infusion Chemotherapy with New FP (NFP) for Unresectable Intrahepatic Cholangiocarcinoma: A Single-Center Retrospective Study
Dr. Hiroto Ota (Japan)

BP3-3 10067
Analysis of Prognostic Factors for ICI Combination Regimens in Unresectable Biliary Tract Cancer
Dr. Mai Kitahara (Japan)

BP3-4 10187
Immune Checkpoint Inhibitors Combined with Chemotherapy and Comprehensive Genomic Profiling Test for Advanced Biliary Tract Cancer in Our Hospital
Dr. Morito Ikeda (Japan)

BP3-5 10209
The Impact of Antibiotics on ICI Combination Chemotherapy in Advanced Biliary Tract Cancer
Dr. Shota Iwahara (Japan)

BP3-6 10045
Two Cases of Unresectable Combined Hepatocellular-Cholangiocarcinoma Treated with Immune Checkpoint Inhibitors
Dr. Yasuhide Motoyoshi (Japan)

Poster Group 4: Basic & Experimental Poster Session 1 18:00-18:24
"Cancer Metabolism, Cellular Stress, and Experimental Models in Hepatocellular Carcinoma"
Moderator: Dr. Yotaro Kudo (Japan)

BEP1-1 10026
SLC12A2-driven Suppression of Hepatic Lipolysis Shapes a Tumor-promoting Microenvironment in Metabolically Steatotic Livers
Dr. Yotaro Kudo (Japan)

BEP1-2 10196
Accumulation of Autophagy-specific Substrate p62/SQSTM1 is Associated with Multinucleation in Human Hepatocellular Carcinoma
Dr. Shunhei Yamashina (Japan)

BEP1-3 10117
Investigation of the Anti-tumor and Anti-HBV Effects of the Host Factor FAH
Dr. Shouichi Namikawa (Japan)

BEP1-4 10134
Ameliorative Role of Phytosterol Pre-Treatment in N-Nitrosodiethylamine Induced Oxidative Stress in Female Albino Rats
Dr. Rahul Kumar (India)

Poster Group 5: Basic & Experimental Poster Session 2 18:30-18:54
"Tumor Microenvironment and Immune Landscapes in Hepatocellular Carcinoma"
Moderator: Dr. Yotaro Kudo (Japan)

BEP2-1 10022
Withdrawn

BEP2-2 10109
Multi-omics Profiling Reveals the Rrognostic Features and Tumor Microenvironment of High-stemness HCC
Dr. Yu Luo (China)

BEP2-3 10145
ZIP1-CAF Shapes the Immunosuppressive Microenvironment to Drive Hepatocellular Carcinoma Progression
Dr. Jiangxi Liu (China)

BEP2-4 10132
Microenvironmental Analysis of Resistance to Atezo+Bev Therapy in Unresectable Hepatocellular Carcinoma: Involvement of High M2BP Expression and Inflammatory Cancer-Associated Fibroblasts
Dr. Katsuya Nagaoka (Japan)

BEP2-5 10176
Association of HAMP Expression and CD8+ T-cell Infiltration with Atezolizumab plus Bevacizumab Response in Hepatocellular Carcinoma
Dr. Shun Nakamura (Japan)

Poster Group 6: Basic & Experimental Poster Session 3 18:00-18:30
"Genomics, Epigenetics, and Circulating Biomarkers in Hepatocellular Carcinoma"
Moderator: Dr. Naoto Fujiwara (Japan)

BEP3-1 10192
Mutation Profiles of TERT, TP53, and CTNNB1 Genes from Circulating Cell Free DNA as Non-Invasive Prognostic Biomarkers in HBV-Induced Hepatocellular Carcinoma
Dr. Afzalun Nessa (Bangladesh)

BEP3-2 10201
Performance of Circulating 5-Hydroxymethylcytosine Epigenetic Signatures in Detecting Hepatocellular Carcinoma Among Patients with Cirrhosis
Dr. Rishabh Sharma (India)

BEP3-3 10010
Identification of Novel Prognostic Biomarkers and Molecular Pathogenesis Insights in Hepatocellular Carcinoma through Integrated Multi-Database Analysis
Dr. Md Shariful Islam (USA)

BEP3-4 10222
The VETC Associated Trabecular Subtypes in Non-cirrhotic HCC is Defined by Loss of Tumor Suppressor and Downregulation of Ribosomal Genes
Dr. Archana Rastogi (India)

BEP3-5 10197
Hepatocellular Carcinoma in Armenia: Primary Assessment of Molecular Alterations
Dr. Hasmik Ghazinyan (Armenia)

Poster Group 7: Basic & Experimental Poster Session 4 18:30-19:00
"Computational Oncology, Predictive Biomarkers, and Translational Insights in Hepatocellular Carcinoma"
Moderator: Dr. Hironao Okubo (Japan)

BEP4-1 10154
Global Research Landscape and Thematic Evolution of Immune Cell Metabolic Reprogramming in Liver Disease and Hepatic Oncology: A Bibliometric and Science Mapping Analysis
Dr. Ziteng Wang (China)

BEP4-2 10066
The Relationship between the Expression of Tumor Microenvironment-related Genes and the Gene Mutations of Hepatocellular Carcinoma from TCGA Data
Dr. Yoshinari Asaoka (Japan)

BEP4-3 10021
Integrative Machine Learning and Experimental Validation Identify MYBL2 as a Prognostic Biomarker and Therapeutic Target in Hepatocellular Carcinoma
Dr. Ya-Ling Yang (Taiwan)

BEP4-4 10203
Clinical Significance of Serum VEGF Levels in Patients with Unresectable Hepatocellular Carcinoma Treated with Durvalumab plus Tremelimumab
Dr. Yutaka Yasui (Japan)

BEP4-5 10225
Impact of Hepatocyte Nuclear Factor-1 Alpha Genetic Variants on Hepatocellular Carcinoma Susceptibility among Patients with and without Diabetes Mellitus
Dr. Mohamed Abdel-Samiee (Egypt)

Poster Group 8: Hepatitis & Chronic Liver Disease Poster Session 1 18:00-18:30
"Viral Hepatitis and Hepatocellular Carcinoma Risk: Long-Term Outcomes and Surveillance"
Moderator: Dr. Tatsuo Kanda (Japan)

HCP1-1 10042
Risk Factors for Hepatocellular Carcinoma Development after Direct-acting Antiviral Therapy in Hepatitis C: A Long-term Follow-up Study
Dr. Rino Nakamura (Japan)

HCP1-2 10138
HCC Development in HCV-Infected Patients after Virological Response
Dr. Narina Sargsyants (Armenia)

HCP1-3 10027
Early Detection of De Novo Hepatocellular Carcinoma by AFP-L3 Fraction Following SVR for HCV: A Case Report
Dr. Takahisa Sato (Japan)

HCP1-4 10081
A Case of Hepatocellular Carcinoma with Decompensated Hepatitis C-related Liver Cirrhosis that Achieved a Sustained Virological Response after Retreatment with Glecaprevir/Pibrentasvir
Dr. Satoru Kakizaki (Japan)

HCP1-5 10115
Ruptured Hepatocellular Carcinoma in an Untreated HCV Patient: Emergency Management, Viral Eradication, and Aggressive Recurrence
Dr. Kentaro Takahashi (Japan)

Poster Group 9: Hepatitis & Chronic Liver Disease Poster Session 2 18:30-19:00
"Autoimmune and Cholestatic Liver Diseases: Natural History, Prognosis, and Cancer Risk"
Moderator: Dr. Atsushi Tanaka (Japan)

HCP2-1 10015
Hepatocellular Carcinoma in Japanese Autoimmune Hepatitis: Management and Outcomes
Dr. Tomoko Tadokoro (Japan)

HCP2-2 10049
A Study on Hepatocellular Carcinoma with Autoimmune Hepatitis as Background Liver Disease
Dr. Hideo Yoshida (Japan)

HCP2-3 10142
Late-Onset Hepatic Failure (LOHF) Caused by Seronegative Acute-Onset Autoimmune Hepatitis Requiring Liver Transplantation
Dr. Keigo Misawa (Japan)

HCP2-4 10057
Validation of PBC-10 in Japanese Patients with Primary Biliary Cholangitis
Dr. Akihito Takeuchi (Japan)

HCP2-5 10025
Changes in Symptomatic Presentation at Diagnosis and Prognostic Impact in Primary Biliary Cholangitis
Dr. Akihito Takeuchi (Japan)

Poster Group 10: Hepatitis & Chronic Liver Disease Poster Session 3 18:00-18:30
"Metabolic, Alcohol-Related, and Lifestyle-Associated Liver Disease and HCC"
Moderator: Dr. Kenichi Ikejima (Japan)

HCP3-1 10124
Aetiology–Specific Risk of Hepatocellular Carcinoma in Metabolic Dysfunction–Associated Steatotic Liver Disease
Dr. Yu Xi Tan (Singapore)

HCP3-2 10087
Characteristics of Hepatocellular Carcinoma Arising from Alcohol-associated Steatotic Liver Disease
Dr. Yuri Ogasawara (Japan)

HCP3-3 10185
Intermittent Fasting, Liver Fibrosis, and Hepatocellular Carcinoma Risk in Non-Alcoholic Fatty Liver Disease: A Scoping Review
Dr. Inas Karimi (Indonesia)

HCP3-4 10159
Sarcopenia in Cirrhotic Patients: Prevalence, Prognostic Impact, and Clinical Outcomes
Dr. Atteyat Semeya (Saudi Arabia)

HCP3-5 10075
Acid-Suppressing Therapy and the Risk of Hepatic Encephalopathy in Cirrhosis: A Prospective Cohort Study
Dr. Keiichi Katayama (Japan)

Poster Group 11: Hepatitis & Chronic Liver Disease Poster Session 4 18:30-18:54
"Epidemiology, Global Trends, and Population-Based Studies in Liver Diseases"
Moderator: Dr. Amarsanaa Jazag (Mongolia)

HCP4-1 10174
Global Trends in Liver Cancer Attributable to Hepatitis B: Insights from the GlobalBurden of Disease 2023 Study
Dr. Ekram Hasanin (Libya)

HCP4-2 10125
Global Prevalence and Incidence of Primary Sclerosing Cholangitis: An Updated Meta-Analysis
Dr. Asvin Selvakumar (Singapore)

HCP4-3 10126
Genome-wide Association Study of TG/HDL Ratio in 424,865 UK Biobank Participants
Dr. Jordan Low (Singapore)

HCP4-4 10208
Treatment Outcomes of Triple Therapy for 816 NAFLD Patients in Mongolia
Dr. Amarsanaa Jazag (Mongolia)

Poster Group 12: Hepatitis & Chronic Liver Disease Poster Session 5 18:00-18:18
"Liver Injury, Drug-Induced Damage, and Rare Hepatic Disorders"
Moderator: Dr. Tatsuya Minami (Japan)

HCP5-1 10199
Hepatoprotective Drugs for the Prevention of Liver Injury among Patients at Risk for Drug-Induced Liver Injury or Chemotherapy-Induced Transaminitis: A Systematic Review and Meta- Analysis
Dr. Cheryl J. Toledano (Philippines)

HCP5-2 10163
Five-year Active Surveillance of Unresectable Hepatic Epithelioid Hemangioendothelioma Diagnosed by Repeat Liver Biopsy
Dr. Noriyo Yamashiki (Japan)

HCP5-3 10121
Efficacy of a Novel Ultra Slim Therapeutic Upper Gastrointestinal Endoscope for Pediatric Esophageal Varices A Case Report
Dr. Ryosuke Kawanishi (Japan)

Poster Group 13: Hepatitis & Chronic Liver Disease Poster Session 6 18:00-18:30
"Viral Hepatitis Control, Public Health, and Regional Perspectives"
Moderator: Dr. Masaya Sato (Japan)

HCP6-1 10216
Steep Declining Trends of Hepatitis Virus Prevalence in Mongolia over the last 20 years, a Nationwide Study
Dr. Amarsanaa Jazag (Mongolia)

HCP6-2 10219
Routes of New Viral Hepatitis Infections in Modern Mongolia
Dr. Amarsanaa Jazag (Mongolia)

HCP6-3 10212
Alcohol Consumption and Its Association with HCC in Mongolia according to A-HOC Study
Dr. Amarsanaa Jazag (Mongolia)

HCP6-4 10220
Association of HbA1c with Liver Steatosis and Fibrosis in Mongolia
Dr. Amarsanaa Jazag (Mongolia)

HCP6-5 10058
Stability and Variability of Symptom Burden in Primary Biliary Cholangitis: Insights from a Decade of Follow-Up
Dr. Akihito Takeuchi (Japan)

Poster Group 14: HCC Poster Session 1 18:00-18:30
"Epidemiology, Surveillance, and Real-World Cohorts in Hepatocellular Carcinoma"
Moderator: Dr. Shinpei Sato (Japan)

HP1-1 10191
A-HOC (APASL Hepatology/Oncology Consortium): A Foundational Dataset for Future Hepatology and Oncology Research
Dr. Hitoshi Mochizuki (Japan)

HP1-2 10205
A-HOC Study on 1108 Patients Under Surveillance for Liver Cancer in Mongolia
Dr. Amarsanaa Jazag (Mongolia)

HP1-3 10218
Clinical and Epidemiological Analysis of Liver Cancer Patients Under Primary Health Care Center Surveillance in Mongolia
Dr. Amarsanaa Jazag (Mongolia)

HP1-4 10012
Clinical Characteristics and Survival Outcomes of Hepatocellular Carcinoma at Dr. Moewardi Regional Tertiary Referral Hospital, Indonesia: A Retrospective Study
Dr. Triyanta Yuli Pramana (Indonesia)

HP1-5 10179
Discrepancy between the Real Clinical Status of Patients with HCC and Expectations from HCC Surveillance: A Single Center Study
Dr. Jiwoong Jang (Korea)

Poster Group 15: HCC Poster Session 2 18:00-18:30
"Risk Stratification, Diagnosis, and Supportive Care in Hepatocellular Carcinoma"
Moderator: Dr. Masatoshi Akamatsu (Japan)

HP2-1 10217
Combined Assessment of Ferritin, AFP, and PIVKA-II in the Diagnosis of Hepatocellular Carcinoma
Dr. Amarsanaa Jazag (Mongolia)

HP2-2 10054
Clinical Impact of the aMAP Risk Score and Hepatocellular Carcinoma on Outcomes after Rifaximin Therapy for Hepatic Encephalopathy
Dr. Satoshi Takakusagi (Japan)

HP2-3 10214
Hepatic Encephalopathy among HCC Patients Monitored for 2 Years, A-HOC Study
Dr. Amarsanaa Jazag (Mongolia)

HP2-4 10018
Current Status of Hypozincemia and Zinc Supplementation in Patients with Hepatocellular Carcinoma at Our Hospital
Dr. Takeharu Asano (Japan)

HP2-5 10200
A Case of Mucosa-associated Lymphoid Tissue Lymphoma of the Liver Recurred with the Subsequent **Palatal Lesion**
Dr. Ryutoku Kondo (Japan)

Poster Group 16: HCC Poster Session 3 18:00-18:30
"Treatment Strategies, Clinical Course, and Rare Presentations of Hepatocellular Carcinoma"
Moderator: Dr. Takuma Teratani (Japan)

HP3-1 10113
Long-Term Clinical Course of Hepatocellular Carcinoma
Dr. Keisuke Hamamura (Japan)

HP3-2 10190
Systemic Therapy for Advanced Hepatocellular Carcinoma in a Single Center
Dr. Toru Arano (Japan)

HP3-3 10226
Treatment Modalities and Response Patterns in Hepatocellular Carcinoma: Real-World Data from a Turkish Cohort
Dr. Murat Kekilli (Turkey)

HP3-4 10224
Clinical and Etiologic Characteristics of Hepatocellular Carcinoma in a Turkish Cohort
Dr. Gulden Bilican (Turkey)

HP3-5 10180
Ectopic Retroperitoneal Hepatocellular Carcinoma Mimicking GIST with Portal Vein Tumour Thrombosis
Dr. Prabhath Dasanayaka (Sri Lanka)

APASL Oncology 2026 Tokyo Poster Sessions Program

DAY 2, April 3 (Friday) 2026

Poster Area “Gallery 1&2” B1F, “Event Space” B2F

15:00-16:30 **Poster Free Paper Sessions**

Poster Group 17: Radiology Poster Session 1　15:00-15:24

“Imaging, Biomarkers, and Advanced Radiation Techniques in Liver Oncology”
Moderator: Dr. Takamasa Ohki (Japan)

RP1-1　10024
Diversity of Imaging Features in Intrahepatic Mass-forming Cholangiocarcinoma Across Different Background Liver Conditions
Dr. Kazuto Kozaka (Japan)

RP1-2　10030
Clinical Feasibility of Automated Image–Based Registration–Supported Ultrasound–CT Fusion and Its Patient-Dependent Limitations
Dr. Ryo Yano (Japan)

RP1-3　10055
ADC Increase as a Biomarker of Tumor Shrinkage and PIVKA-II Decline after SBRT in Hepatocellular Carcinoma: A Prospective Study
Dr. Osamu Tanaka (Japan)

RP1-4　10086
Predictors of Compensatory Hepatic Hypertrophy following Carbon Ion Radiotherapy in Hepatocellular Carcinoma and its Association with Long-term Clinical Outcomes
Dr. Takeshi Hatanaka (Japan)

Poster Group 18: Radiology Poster Session 2　15:45-16:15

“Clinical Outcomes and Multimodal Radiotherapy in Hepatocellular Carcinoma”
Moderator: Dr. Hideo Yoshida (Japan)

RP2-1　10009
The Roll of Cyber-knife Treatment on Advanced Hepatocellular Carcinoma
Dr. Takamasa Ohki (Japan)

RP2-2　10052
Efficacy and Safety of Stereotactic Body Radiation Therapy for Hepatocellular Carcinoma in BCLC Stage A
Dr. Kodai Suzue (Japan)

RP2-3　10059
Stereotactic Body Radiation Therapy for Intrahepatic Lesions of Hepatocellular Carcinoma
Dr. Yasuki Niimura (Japan)

RP2-4　10085
Case Study of Advanced Hepatocellular Carcinoma Treated with Combined Radiation Therapy and Chemotherapy
Dr. Hideo Yoshida (Japan)

RP2-5　10114
Treatment Outcomes of B-RTO and Subsequent Changes in Hepatic Functional Reserve
Dr. Ryosuke Hayakawa (Japan)

Poster Group 19: Surgical Poster Session 1　15:00-15:30

"Surgical Techniques, Visualization, and Perioperative Management in Hepatobiliary Surgery"

Moderator: Dr. Keiji Sano (Japan)

SP1-1　10040
Evaluation of Stepwise Indocyanine Green Dosing for Hepatic Segment Visualization in a Mouse Model
Dr. Shuhei Kanda (Japan)

SP1-2　10082
Development of Ultra-Fine 3D Images of Intrahepatic Glissonean Structure
Dr. Kazuma Hasegawa (Japan)

SP1-3　10036
Routine Use of Intravenous Acetaminophen Safely Enhances Pain Control After Minimally Invasive Hepatectomies
Dr. Kei Furuya (Japan)

SP1-4　10048
A Predictive Nomogram for Postoperative Delirium after Hepatectomy for Hepatocellular Carcinoma: Development, Validation, and Clinical Utility Analysis
Dr. Shu Inagaki (Japan)

SP1-5　10034
Redox-Active Compound Accelerates Liver Regeneration and Attenuates Acute Injury in Mouse Models: Relevance to Liver Tumor Resection
Dr. Hyun Ae Woo (Korea)

Poster Group 20: Surgical Poster Session 2　15:45-16:15

"Multidisciplinary and Conversion Surgery for Advanced Hepatocellular Carcinoma"

Moderator: Dr. Ryota Masuzaki (Japan)

SP2-1　10072
Conversion Surgery for Hepatocellular Carcinoma following Multidisciplinary Treatment
Dr. Masayuki Honda (Japan)

SP2-2　10175
A Case of Conversion Surgery for a Huge Unresectable Hepatocellular Carcinoma with a Pathological Complete Response after Short-term Immune Checkpoint Inhibitor Therapy Ceased by Liver Dysfunction
Dr. Hiroe Toyoda (Japan)

SP2-3　10195
A Case of Advanced Hepatocellular Carcinoma Responded to Durvalumab Monotherapy, Leading to Conversion Surgery
Dr. Hiroto Ota (Japan)

SP2-4　10104
A Case of Retroperitoneal Metastasis of Hepatocellular Carcinoma Resected Laparoscopically
Dr. Tatsunori Nadaya (Japan)

SP2-5　10193
Multidisciplinary Management for Recurrence after Liver Resection for Hepatocellular Carcinoma
Dr. Osamu Aramaki (Japan)

Poster Group 21: Surgical Poster Session 3 15:00-15:30

"Long-Term Outcomes, Transplantation, and Rare Surgical Scenarios in Hepatobiliary Malignancies"

Moderator: Dr. Takeaki Ishizawa (Japan)

SP3-1 10080
Characteristics of HCV-Related Hepatocellular Carcinoma Patients Achieving Long-Term Cancer-Free Survival after Repeated Hepatectomy in SVR Status
Dr. Yuji Iimuro (Japan)

SP3-2 10149
Cure by Liver Transplantation of HCV-related Decompensated Cirrhosis with Hepatocellular Carcinoma Developing 14 Years after IFN-induced SVR
Dr. Rintaro Hamazaki (Japan)

SP3-3 10206
ALPPS followed by Salvage LDLT for Recurrent HCC
Dr. Alp Atasoy (Turkey)

SP3-4 10215
Immunosuppressive Medication Non-adherence in Liver Transplantation Adult Recipients in Vietnam
Dr. Nguyen Thai Van Anh (Viet Nam)

SP3-5 10023
A Resected Case of Gallbladder Carcinoma Difficult to Differentiate from Metastatic Gastric Cancer to the Gallbladder
Dr. Kenji Hirano (Japan)

Poster Group 22: Local Therapy Poster Session 15:45-16:27

"Local and Locoregional Therapies for Hepatocellular Carcinoma: Outcomes, Comparisons, and Pitfalls"

Moderator: Dr. Hitoshi Maruyama (Japan)

LTP-1 10155
Percutaneous Radiofrequency Ablation in Early-stage Hepatocellular Carcinoma
Dr. Shinpei Sato (Japan)

LTP-2 10035
EUS-Guided Ethanol Injection for Hepatocellular Carcinoma Inaccessible by Percutaneous Approach: A Successful Case of Local Tumor Control
Dr. Takuro Nishiwaki (Japan)

LTP-3 10037
Efficacy and Safety of Stereotactic Body Radiation Therapy for Hepatocellular Carcinoma in the Caudate Lobe: A Comparative Study with Radiofrequency Ablation Authors
Dr. Yuki Tamura (Japan)

LTP-4 10181
A Propensity Score-Matched Comparison of Particle Therapy and Transarterial Chemoembolization for Hepatocellular Carcinoma
Dr. Tomoharu Yamanaka (Japan)

LTP-5 10068
Exploring the Efficacy of Systemic Inflammatory Markers in Predicting Outcomes Post Transarterial Chemoembolization (c TACE & deb TACE)
Dr. Rajata Prabhakar Pande (India)

LTP-6 10033
Objective Response, Survival, and Downstaging After Yttrium-90 Radioembolization in Intermediate and Advanced Hepatocellular Carcinoma
Chieh-Ling Yen (Taiwan)

LTP-7 10186
Widespread Peritoneal Seeding after Popping Phenomenon during Microwave Ablation for Hepatocellular Carcinoma: A Case Report
Takumi Yanai (Japan)

Poster Group 23: Systemic Therapy Poster Session 1 15:00-15:24
"Global Trends and Evidence Synthesis in Systemic Therapy for HCC"
Moderator: Dr. Tatsuya Minami (Japan)

STP1-1 10014
Superiority of ICI-Based Regimens Over TKIs in Advanced HCC: A Systematic Review and Meta-Analysis
Dr. Chih-Ming Lin (Taiwan)

STP1-2 10088
Comparative Outcomes of Immunotherapy plus Transarterial Therapy versus Systemic Therapy Alone in Hepatocellular Carcinoma: A Systematic Review
Dr. Dewi Prasetyaningtyas (Indonesia)

STP1-3 10016
COVID-19 Pandemic's Impact on the Global Disease Burden of HBV-related Hepatocellular Carcinoma in the Elderly
Dr. Yuwei Wang (China)

STP1-4 10031
COVID-19 Pandemic did not Affect the Treatment Uptake of Immunotherapy as the Treatment for Advanced Hepatocellular Carcinoma (HCC)
Dr. Vicki Wing-ki Hui (Hong Kong)

Poster Group 24: Systemic Therapy Poster Session 2 15:45-16:21
"Clinical Outcomes of Immune Checkpoint Inhibitor–Based Therapy"
Moderator: Dr. Hiroyoshi Taniguchi (Japan)

STP2-1 10062
Early Clinical Outcomes of Nivolumab plus Ipilimumab Combination Therapy for Advanced Hepatocellular Carcinoma
Dr. Taro Watabe (Japan)

STP2-2 10189
Initial Experience with Nivolumab plus Ipilimumab for Unresectable Hepatocellular Carcinoma, Including Predictions of Efficacy and Safety
Dr. Hironao Okubo (Japan)

STP2-3 10105
Effects and Side Effects for Unresectable Hepatocellular Carcinoma Treated by Atezolizumab plus Bevacizumab
Dr. Masatoshi Akamatsu (Japan)

STP2-4 10156
Efficacy and Safety of Atezolizumab plus Bevacizumab in Advanced Hepatocellular Carcinoma with Child-Pugh Class B: A Single-Center Study
Dr. Mayuko Kondo (Japan)

STP2-5 10092
Efficacy of Immunotherapy for Hepatocellular Carcinoma in the Elderly
Dr. Kojiro Kobayashi (Japan)

STP2-6 10211
Bevacizumab only Treatment Outcomes After Invasive Treatment of HCC Classified by Hepatitis Virus Type, Gender, and Age Group
Dr. Amarsanaa Jazag (Mongolia)

Poster Group 25: Systemic Therapy Poster Session 3 15:00-15:30
"Predictive Biomarkers and Response Modifiers in Systemic Therapy"
Moderator: Dr. Koji Uchino (Japan)

STP3-1 10166
A Pretreatment Serum Cytokine Score Predicts Response to First-line Atezolizumab/Bevacizumab in Unresectable Hepatocellular Carcinoma
Dr. Kazuki Nagai (Japan)

STP3-2 10188
Predictive Factors for Response to Dual Immune Checkpoint Inhibitor Therapy in Advanced Hepatocellular Carcinoma
Dr. Yutaro Hori (Japan)

STP3-3 10061
Evaluation of Liver and Spleen Volume Changes during Systemic Therapy for Hepatocellular Carcinoma
Dr. Koji Uchino (Japan)

STP3-4 10112
Effects of Combination Therapy with Tremelimumab and Durvalumab on Skeletal Muscle Mass and Cardiac Function in Patients with Unresectable Hepatocellular Carcinoma
Dr. Hideki Nagumo (Japan)

STP3-5 10079
Intratumoral Vascular Lake Formation in Patients with Hepatocellular Carcinoma Treated with Atezolizumab plus Bevacizumab or Lenvatinib
Dr. Takuma Kaneko (Japan)

Poster Group 26: Systemic Therapy Poster Session 4 15:45-16:27
"Combination Strategies: Systemic Therapy with Locoregional Treatment"
Moderator: Dr. Jun Arai (Japan)

STP4-1 10110
Outcomes of Locoregional Therapy followed by Combination Immunotherapy for Unresectable Hepatocellular Carcinoma
Dr. Takeshi Okamoto (Japan)

STP4-2 10152
Continuing or Switching Systemic Therapy Combined with Locoregional Therapy Defines a Personalized Strategy for Oligoprogression in Hepatocellular Carcinoma: A Multicenter Retrospective Study
Dr. Hongli Yu (China)

STP4-3 10044
Clinical Outcomes of TACE/TAI Using Cisplatin Combined with Lenvatinib as Second-line Therapy After Failure or Intolerance to Immune Checkpoint Inhibitors
Dr. Masaki Yoshikawa (Japan)

STP4-4 10093
Two Cases of Unresectable Hepatocellular Carcinoma Treated with LEN-TACE for Local Control during Dual Immune Checkpoint Inhibitor Therapy
Dr. Yusuke Masuda (Japan)

STP4-5 10198
The Evaluation of Clinical Impact of Additional TACE to Lenvatinib for HCC Patients
Dr. Jun Arai (Japan)

STP4-6 10168
The Impact of Scheduled LEN-TACE on Tumor Microenvironment for BCLC-B HCC
Dr. Jun Arai (Japan)

STP4-7 10099
Lenvatinib plus Drug-eluting Bead Transarterial Chemoembolization for Large Hepatocellular Carcinoma beyond the up to 7 Criteria
Dr. Mariko Irizato(Japan)

Poster Group 27: Systemic Therapy Poster Session 5　15:00-15:30
"Systemic Therapy in Special Populations and High-Risk Settings"
Moderator: Dr. Masaya Sato (Japan)

STP5-1 10002
Toxicity Turned Tolerance: Hematologic Adverse Events Managed Successfully in Hepatocellular Carcinoma with VP4 Portal Vein Tumor Thrombus under Atezolizumab-bevacizumab: A Case Report from Vietnam
Dr. Phuong Thi Dinh (Viet Nam)

STP5-2 10170
Efficacy and Safety of Lenvatinib for Unresectable Hepatocellular Carcinoma in Patients with Severe Renal Impairment
Dr. Takashi Nishimura (Japan)

STP5-3 10084
A Super-Elderly Male with Multiple Hepatocellular Carcinoma Achieving Long-Term Survival by Repeated Percutaneous Ablation Combined with Lenvatinib
Dr. Maki Tobari (Japan)

STP5-4 10129
Desired Outcome of the STRIDE Regimen in an Advanced HCC Patient with Multiple Poor Prognostic Factors Outside HIMALAYA Trial Criteria: A Case Report
Dr. Ngan Nguyen (Viet Nam)

STP5-5 10039
Successful Transcatheter Aortic Valve Implantation Enabling Continuation of Systemic Chemotherapy in a Patient with Hepatocellular Carcinoma and Severe Aortic Stenosis: A Case Report
Dr. Kaho Miyazaki (Japan)

Poster Group 28: Systemic Therapy Poster Session 6　15:00-15:24
"Adverse Events and Safety Signals of Systemic Therapy"
Moderator: Dr. Tomoharu Yamada (Japan)

STP6-1 10050
Subconjunctival Hemorrhage and Corneal Graft Failure following Atezolizumab plus Bevacizumab Treatment for Hepatocellular Carcinoma: A Case Report
Dr. Tomoharu Yamada (Japan)

STP6-2 10150
Progressive Multifocal Leukoencephalopathy During Atezolizumab Plus Bevacizumab Therapy for Hepatocellular Carcinoma: A Case Report
Dr. Tamami Abe (Japan)

STP6-3 10071
A Case of Hepatocellular Carcinoma with Rectal Fistula Induced by Lenvatinib in a Patient with Crohn's Disease
Dr. Shigeki Yano (Japan)

STP6-4 10164
Stepwise Immune Re-Sensitization Induced by Short-Term VEGF Inhibition Enhances Antitumor Efficacy of Repeated Durvalumab Re-Challenge in Advanced Hepatocellular Carcinoma: A Case Report
Dr. Teiji Kuzuya (Japan)

Poster Group 29: Systemic Therapy Poster Session 7 15:45-16:27
"Exceptional Responders and Personalized Sequential Therapy"
Moderator: Dr. Yoshinari Asaoka (Japan)

STP7-1 10000
Exceptional Long-term Survival with Low-dose FP Regimen Hepatic Arterial Infusion Chemotherapy after Immune and TKI Failure in Advanced Hepatocellular Carcinoma: A Case Report from Vietnam
Dr. Huy Van Nguyen (Viet Nam)

STP7-2 10153
Evaluation of the Efficacy of Sequential Therapy with New FP and Atezolizumab plus Bevacizumab in Unresectable Hepatocellular Carcinoma
Dr. Akihiro Deguchi (Japan)

STP7-3 10157
5-fluorouracil plus Cisplatin Versus Cisplatin in Hepatic Arterial Infusion Chemotherapy for Advanced Hepatocellular Carcinoma: A Multicenter Randomized Controlled Trial
Dr. Hidetoshi Nakagawa (Japan)

STP7-4 10043
Near-Complete Response to Nivolumab + Ipilimumab in HCC With IVC Invasion: An Exceptional Outcome Beyond Trial Eligibility
Dr. Naoki Takamura (Japan)

STP7-5 10194
Dramatic Complete Response to Atezolizumab Plus Bevacizumab in Advanced Hepatocellular Carcinoma with Massive Liver Involvement
Dr. Yutaka Yata (Japan)

STP7-6 10140
Selective Control of Pulmonary Metastases by Chemotherapy in Hepatitis C-related Hepatocellular Carcinoma: A Case Report
Dr. Yoshie Kadota (Japan)

STP7-7 10028
Dual Tumor Response to Sequential Immune Checkpoint Inhibitors in Synchronous HCC and ESCC: A Case Report
Dr. Kotaro Matsumoto (Japan)

Poster Group 30: Late Breaker Poster Session 1 15:00-15:30

"Systemic Therapy Outcomes and Treatment Sequencing in HCC"

Moderator: Dr. Yoshinari Asaoka (Japan)

LBP1-1 10245
Recurrence After Achieving a Drug-Free State Following Response to Systemic Therapy in Hepatocellular Carcinoma: A Retrospective Case Series
Dr. Takanobu Kanaya (Japan)

LBP1-2 10258
An Analysis of Progression Patterns After Response to Atezolizumab/Bevacizumab in Unresectable Hepatocellular Carcinoma
Dr. Haruka Anzai (Japan)

LBP1-3 10270
Real-World Outcomes and Characteristics of Responders in Advanced Hepatocellular Carcinoma Treated with Durvalumab/Tremelimumab
Dr. Takuya Yonemoto (Japan)

LBP1-4 10238
Real-World Early Experience with Ipilimumab Plus Nivolumab (IPINIVO) for Advanced Hepatocellular Carcinoma
Dr. Wataru Ueno (Japan)

LBP1-5 10269
Lessons Learned from 1,716 Hepatobiliary Cancers: Real World Outcomes of Immune Checkpoint Inhibitor Therapy
Dr. Shinya Takaoka (Japan)

Poster Group 31: Late Breaker Poster Session 2 15:00-15:36

"Locoregional Therapy and Multimodal Strategies"

Moderator: Dr. Shinpei Sato (Japan)

LBP2-1 10234
Exploring the Value of Imaging Indicators in Predicting TACE Refractoriness in Hepatocellular Carcinoma Based on Contrast-Enhanced CT
Dr. Ying Lei (China)

LBP2-2 10233
Trans Arterial Chemoembolization Combined with Immunotherapy for BCLC Stage B Hepatocellular Carcinoma: A Systematic Review and Meta-analysis
Dr. Andree Kurniawan (Indonesia)

LBP2-3 10252
Safety and Recurrence Patterns of Ablation After Immune Checkpoint Inhibitor Therapy for Hepatocellular Carcinoma
Dr. Yasuyuki Komiyama (Japan)

LBP2-4 10243
Clinical Response of Brain Metastasis from Hepatocellular Carcinoma Treated with a Multimodal Approach Using Lenvatinib and Radiotherapy: A Case Report
Dr. Quang Vinh Dang (Viet Nam)

LBP2-5 10242
Hepatocellular Carcinoma with Submandibular and Sternal Manubrial Metastases: Tumor Growth Rate Based Dynamic Assessment and Regorafenib Combined with a Tonifying Eliminating Harmonizing Strategy
Dr. Huijie Li (China)

LBP2-6 10271
Triple Trouble: A Case of Hepatocellular Carcinoma in a Patient with Previous Renal and Colonic Malignancies
Dr. Cleo Christille Lynn G. Lom-oc (Philippines)

Poster Group 32: Late Breaker Poster Session 3 15:45-16:15
"Precision Imaging, Biomarkers, and Prognostic Models"
Moderator: Dr. Tomoharu Yamada (Japan)

LBP3-1 10251
A CT-Based Hybrid Model for Predicting CK19-Positive Hepatocellular Carcinoma and Assessing Prognosis: A Multicenter Study
Dr. Yawen Wang (China)

LBP3-2 10263
Development of a Novel Erythrocyte-Related Risk Score for Prognosis Prediction in Hepatocellular Carcinoma Patients
Dr. Huiwen Yan (China)

LBP3-3 10262
Anemia Predicts Poor Prognosis in HBV-Related Hepatocellular Carcinoma: a Large-Scale Retrospective Study
Dr. Huiwen Yan (China)

LBP3-4 10253
Assessment of Liver Fibrosis Severity in Patients Infected with Hepatitis B and C Viruses
Dr. Dolgormaa Batsaikhan (Mongolia)

LBP3-5 10227
Level of IL-6 is Directly Correlated with the Severity of Hepatitis B
Dr. Mohamed Shafi Mahboob Ali (Malaysia)

Poster Group 33: Late Breaker Poster Session 4 15:00-15:42
"Epidemiology, Viral Hepatitis, and Population-Based Studies"
Moderator: Dr. Shuntaro Obi (Japan)

LBP4-1 10244
The Mongolian and the Southeast Asian Cluster: Mapping the 2022 Liver Cancer Epidemic Across Asia
Dr. Ulil Albab Habibah (Indonesia)

LBP4-2 10264
Temporal Trends in Hepatocellular Carcinoma Mortality in a Historically High-Risk Region of Japan: A Population-Based Study from Yamanashi Prefecture
Dr. Hiroyuki Amano (Japan)

LBP4-3 10256
Long-term Trends in Incidence, Stage, and Survival of Hepatitis B Virus-Related Hepatocellular Carcinoma: A Prospective Cancer Registry Analysis from 2006 to 2024
Dr. Shuntaro Obi (Japan)

LBP4-4 10266
Increasing Proportion but Stable Incidence of Non-B Non-C Hepatocellular Carcinoma in the Post-DAA Era: A Real-World Cohort Study
Dr. Hiroyuki Amano (Japan)

LBP4-5 10265
Efforts to Combat Hepatitis C in a Leading High-Prevalence Prefecture in Eastern Japan
Dr. Hiroyuki Amano (Japan)

LBP4-6 10229
Advancing Toward WHO's HCV Zero Goals: Performance Evaluation of the Elecsys HCV Duo for Simultaneous Antibody and Core Antigen Detection
Dr. Yosuke Hirotsu (Japan)

LBP4-7 10249
Identification of Patients with Positive Hepatitis Virus Markers by Hepatitis Medical Care Coordinators
Dr. Keiji Kaneko (Japan)

Poster Group 34: Late Breaker Poster Session 5 15:00-15:24
"Translational and Molecular Oncology in Liver and Biliary Cancers"
Moderator: Dr. Naoto Fujiwara (Japan)

LBP5-1 10257
Single-Cell Profiling Reveals Novel Insights into Vessel Co-Option in Human Colorectal Liver Metastases
Dr. Lolita Dokshokova (Denmark)

LBP5-2 10259
Unbiased Single-Cell Transcriptome-Proteome Co-Profiling Reveals Post-Transcriptional Buffering in Rare CSF-CTCs
Dr. Liyong He (China)

LBP5-3 10268
Research on Targeted TGF-beta Pathway Inhibitors in Hepatocellular Carcinoma
Dr. Liang Shi (China)

LBP5-4 10267
Research on Targeted FGFR4 Inhibitors in Hepatocellular Carcinoma
Dr. Yuting Chen (China)

Poster Group 35: Late Breaker Poster Session 6 15:45-16:15
"Herbal Medicine, Metabolism, and Integrative Oncology"
Moderator: Dr. Kenichi Ikejima (Japan)

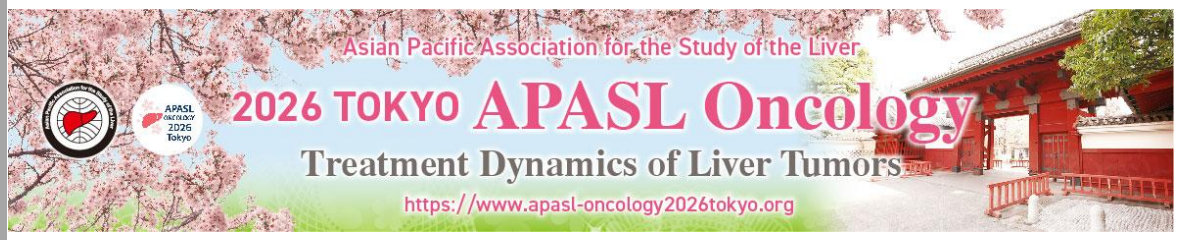
LBP6-1 10237
Development of a Novel Flavonoid Derivative with a Potent Anti-steatosis Activity in HepG2 Cells for Therapeutic Use in Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD)
Dr. Jaslan Densumite (Thailand)

LBP6-2 10247
A Systematic Evaluation of Network Pharmacology Approaches for Elucidating Mechanisms and Therapeutic Effects of Herbal Medicines
Dr. Won-Yung Lee (Korea)

LBP6-3 10255
The Mechanism of Compound Kushen Injection in Regulating Phosphatidylcholine-Mediated NK Cell Suppression of Liver Cancer Ascites
Dr. Hao Liu (China)

PLBP6-4 10261
Efficacy of Yangyin Fuzheng Jiedu Prescription for Hepatocellular Carcinoma with Portal Vein Tumor Thrombosis: An Evaluation Using Five Propensity Score Methods
Dr. Wanxin Shi (China)

LBP6-5 10260
Yangyin Fuzheng Jiedu Prescription Improves Survival in HBV Related Hepatocellular Carcinoma Patients with Anemia: A Promising Herbal Formula Under Translation
Dr. Wanxin Shi (China)



APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

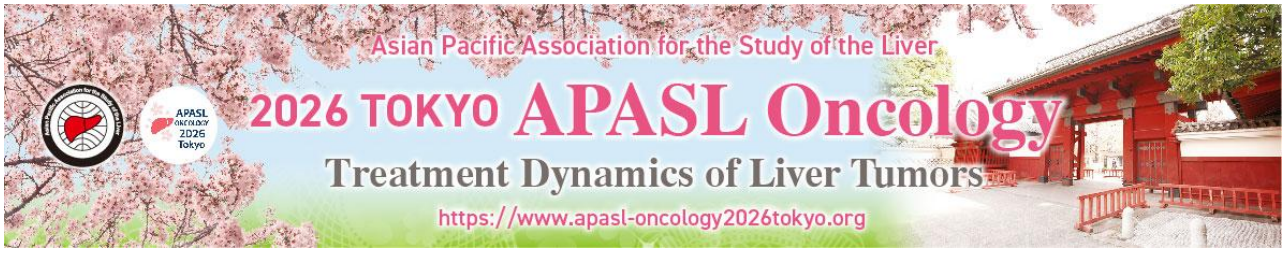
Abstracts

Keynote Lectures

Dr. Masao Omata
President / Department of Gastroenterology, Yamanashi Prefectural (Central & Kita) Hospitals, Kofu, Japan
Professor Emeritus, The University of Tokyo, Japan

APASL and APASL Oncology

Drs K Okuda and L Powell started APASL in 1978, half a century ago. Since then, the APASL Meeting has been held annually. In 2006, we took several actions: Bi-annual to Annual meeting, inauguration of Single Topic Conference (STC), and an official journal "Hepatology International" (Springer Nature). With these actions, we have been able to exchange knowledge and information on liver and biliary diseases. I was involved with this specific area of liver diseases for over half a century. In this presentation, I will discuss what has been accomplished and what should be expected in the future.



Curriculum Vitae

Name	Masao Omata
Current Position, Department, Affiliation	President: Yamanashi Central & Kita Hospitals Honorary Professor, University of Tokyo
Areas of Interest	Gastroenterology Hepatology, Oncology HBV, HCV, HCC
Educational and Career Experiences	**Contribution to Hepatology for 55 years since 1970** ‣ Mid 70's Report on occult HBV (Gastro 1978) and B virus HCC in USA (Gastro 1979) ‣ Mid 80's Introduction of Molecular Biology in HBV Studies on cccDNA (Hepatology 1985) & Pre-C mutant (NEJM 1991) ‣ Promoted Clinical & Basic Hepatology (HCV/HCC) at U Tokyo, established system to prevent (Lancet 1991) & treat HCC (APASL Guideline, Hepatology International 2017) **Contribution to Literature** ‣ Number of publications (1,300), IF (12,000), Citations (106,440) & H-Index (166) ‣ NEJM & Lancet (11), Gastroenterology, Hepatology, J Hepatol & Gut (151) **Promoted APASL & APDWF with Asian Colleagues** ‣ 2001 APDWF as Founding Board Member for 8 years ‣ 2007 Inaug. of APASL Annual, STC & Official Journal **Mentors** ‣ K Okuda (Chiba), G Klatskin (Yale), RL Peters (USC) **Positions** ‣ 1992 Professor & Chairman at U Tokyo ‣ 2007 APASL President of Annual Meeting (Kyoto) ‣ 2007 Editorial-in-chief, Hepatology International (Nature Springer) ‣ 2010 President, Yamanashi Central & Kita Hospitals (Central & Kita) Organization
Honors and Awards	2025 July ‣ The Emperor Showa Memorial Academic Award (34th) for outstanding research in Viral Hepatitis and HCC 2025 November ‣ APDWF (Asian Pacific Digestive Week Federation) Meritorious Award (2nd) APDW 2025, Singapore

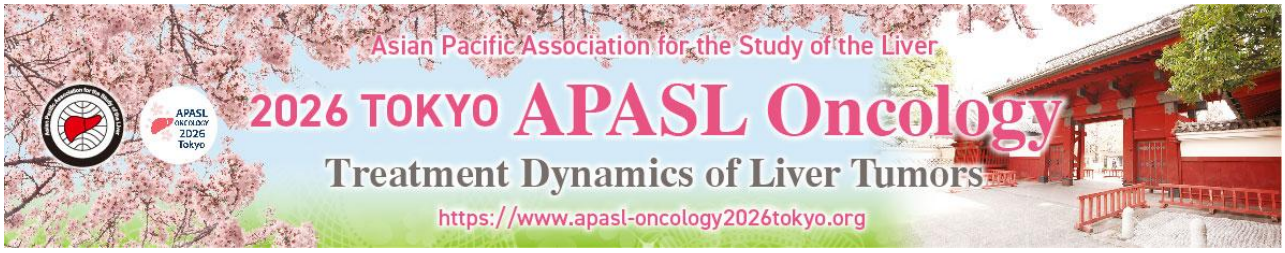
Dr. Motoyuki Otsuka
Professor, Department of Gastroenterology and Hepatology,
Academic Field of Medicine, Density and Pharmaceutical Sciences, Okayama University, Japan

FGF21 Analogs in MASLD/MASH: From Metabolic Remodeling to Fibrosis Reversal and HCC Risk Modification

Metabolic dysfunction–associated steatotic liver disease (MASLD) and its inflammatory phenotype (MASH) are rapidly becoming leading drivers of hepatocellular carcinoma (HCC). Beyond steatosis and inflammation, fibrosis stage is the dominant determinant of liver-related outcomes and a critical substrate for tumor-permissive remodeling through extracellular matrix deposition, chronic wound-healing signaling, and altered paracrine and immune crosstalk. Accordingly, therapeutic strategies capable of reversing fibrosis may have implications beyond liver function, potentially modifying long-term oncogenic risk.

Fibroblast growth factor 21 (FGF21) is an endocrine hepatokine that signals via FGFRs in a β-Klotho–dependent manner and coordinates systemic lipid and glucose metabolism. Long-acting FGF21 analogs have shown encouraging activity in MASLD/MASH by improving cardiometabolic parameters and liver injury surrogates, supporting the concept that upstream metabolic remodeling can reshape downstream fibrogenic pathways. This presentation will summarize the current landscape of FGF21 biology and the clinical development of FGF21 analogs, highlighting mechanistic links from metabolic stress to stellate cell activation, extracellular matrix dynamics, and hepatic tumorigenesis.

A particular focus will be the emerging concept that modulation of hepatic stellate cell (HSC) fate—including cellular senescence programs and their secretory phenotypes—may influence the fibrotic niche and, by extension, cancer risk. Whether FGF21-based therapies can attenuate maladaptive HSC senescence, promote fibrosis resolution, and translate into reduced HCC incidence remains an important and testable hypothesis that warrants rigorous clinical validation with long-term outcomes.



Curriculum Vitae

Name	Motoyuki Otsuka
Current Position, Department, Affiliation	Professor, Department of Gastroenterology and Hepatology, Academic Field of Medicine, Density and Pharmaceutical Sciences, Okayama University, Japan
Areas of Interest	Molecular biology in Gastroenterology
Educational and Career Experiences	1994 M.D., Faculty of Medicine, The University of Tokyo 2002 Ph.D., Graduate School of Medicine, The University of Tokyo 1994~1995 Clinical Resident in Internal Medicine, The University of Tokyo Hospital, Tokyo, Japan 1995~1997 Clinical Resident in Internal Medicine, The Asahi General Hospital, Chiba, Japan 2002~2004 Medical staff, Department of Gastroenterology, The University of Tokyo 2004~2009 Research Associate, Department of Immunology and Microbial Sciences, The Scripps Research Institute, San Diego, CA, USA 2009~2022 Assistant Professor, Department of Gastroenterology, The University of Tokyo 2023~present Professor, Department of Gastroenterology and Hepatology, Okayama University, Japan
Honors and Awards	2003 Hepatology Research Award (Japanese Society of Hepatology) 2011 Japanese Society of Hepatology 4th CHUGAI Awar

Keynote Lecture 2-2

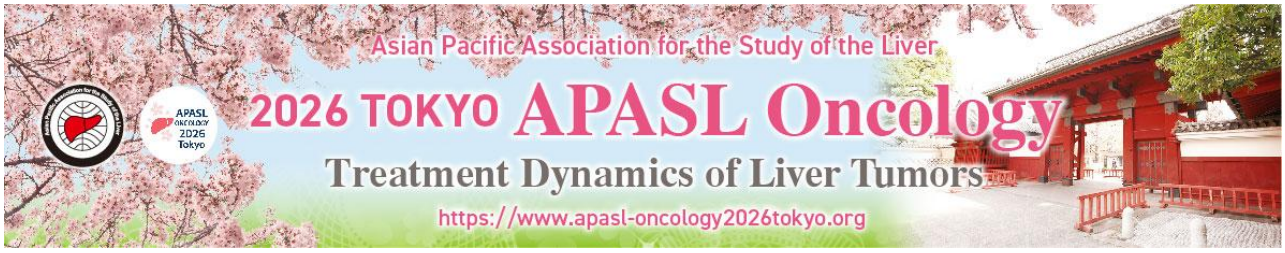
Dr. Shigehisa Kitano
Director, Department of Advanced Medical Development
The Cancer Institute Hospital of Japanese Foundation for Cancer Research (JFCR), Japan

Anti-cancer Medication on Horizon: Genomic Profiling and Immunotherapy Integration

Advances in next-generation sequencing have enabled comprehensive genomic profiling (CGP), which identifies actionable genomic alterations and supports precision oncology across multiple malignancies. Concurrently, immune checkpoint inhibitors targeting PD-1/PD-L1 and CTLA-4 have significantly advanced systemic cancer therapy. However, durable responses are currently limited to a subset of patients, underscoring the need to integrate molecular information with immunotherapy strategies.

Genomic features such as high tumor mutational burden, microsatellite instability, and alterations in DNA damage repair pathways may increase tumor immunogenicity and help predict responsiveness to immune checkpoint blockade. These insights have driven the development of combination strategies integrating targeted therapies with immunotherapy to enhance antitumor immune responses. Furthermore, advances in sequencing technologies and bioinformatic prediction have enabled the identification of tumor-specific neoantigens derived from somatic mutations. Personalized neoantigen vaccines represent a promising therapeutic approach. They are designed to induce highly specific T-cell responses against tumor cells. This approach has the potential to augment the clinical benefit of immunotherapy.

Integrating genomic profiling with established immunotherapy and emerging immune-based approaches may further refine patient selection and facilitate the development of next-generation precision cancer therapies.



Curriculum Vitae

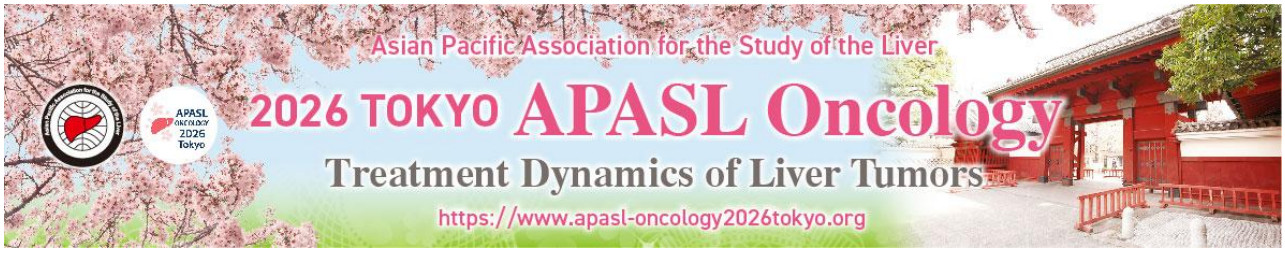
Name	Shigehisa Kitano
Current Position, Department, Affiliation	Director Department of Advanced Medical Development The Cancer Institute of Japanese Foundation for Cancer Research (JFCR)
Areas of Interest	Tumor Immunology Immunotherapy Phase 1 trial
Educational and Career Experiences	2005 Assistant professor, Dept. of Immuno-Gene Therapy Mie University Graduate School of Medicine, Mie 2008 Assistant professor, Dept. of Hematology and Oncology Mie University Graduate School of Medicine, Mie 2009 Visiting Investigator, Ludwig Center for Cancer Immunotherapy Memorial Sloan-Kettering Cancer Center, NY, USA 2013 Stuff physician, Dept. of Experimental Therapeutics National Cancer Center Hospital, Tokyo Division of Cancer Immunotherapy Exploratory Oncology Research & Clinical Trial Center (EPOC) National Cancer Center, Tokyo 2019 Director, Division of Cancer Immunology Development Advanced Medical Development Center The Cancer Institute Hospital of JFCR, Tokyo 2022 Director, Dept. of Advanced Medical Development Director, Division of Cancer Immunology Development The Cancer Institute Hospital of JFCR, Tokyo
	2005 AACR Scholar in Training Award

Keynote Lecture 3

Dr. Shiv K. Sarin
Professor of Eminence,
Chancellor and Director
Institute of Liver and Biliary Sciences, New Delhi,
India

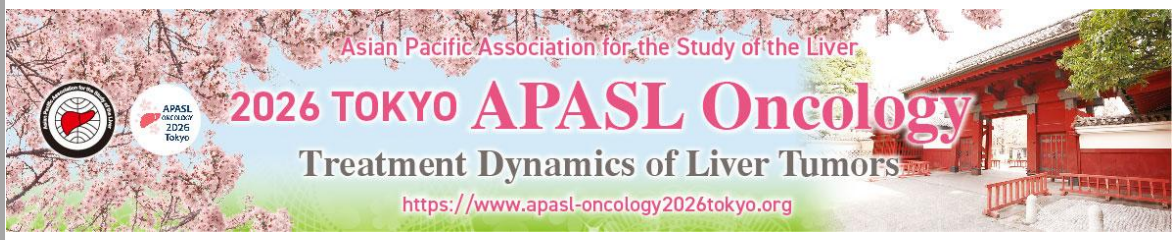
Overwhelming Number of HCC cases with Portal Hypertension: Address a Big Challenge

TBA



Curriculum Vitae

Name	Shiv Kumar Sarin
Current Position, Department, Affiliation	Professor of Eminence, Department of Hepatology, Chancellor and Director, Institute of Liver and Biliary Sciences
Areas of Interest	Portal Hypertension**,** Acute-on-chronic liver failure, Alcoholic Hepatitis, Liver Regeneration, Gut microbiome, NAFLD
Brief introduction	Prof Shiv Kumar Sarin is the Professor of Eminence, Dept of Hepatology, Chancellor and Director, Institute of Liver and Biliary Sciences (ILBS), New Delhi. He was instrumental in setting up the Institute of Liver and Biliary Sciences, under the auspices of the Govt of Delhi. He is the Director, WHO Collaborating Centre on Chronic Liver diseases and Viral Hepatitis at ILBS. He serves as Adjunct Faculty, Molecular Medicine at JNU due to his deep interest and contributions to translational science. He has been conferred with Honorary Doctorate [D.Sc.] from five universities. He is credited with several new treatment protocols for liver diseases, specially variceal bleeding, liver regeneration, hepatitis B and acute-on-chronic liver failure. He has more than 930 publications to his credit, edited 13 books on liver diseases and contributed 93 chapters in various medical text books. His book, 'Own Your Body' has helped the common man understand metabolic and liver health and self-care across the world. He has helped develop 21 major guidelines; including six major Asian Pacific Treatment Guidelines in Liver diseases. Prof. Sarin has shown leadership roles in being the President of the National Academy of Medical Sciences, Indian Society of Gastroenterology, Indian Association for the Study of the Liver, Asian Pacific Association of Liver (APASL), and Chairman Steering Committee of the APASL. He has been awarded the prestigious Henry L. Bockus Medal -2017 by World Gastroenterology Organization, as also Ralph Kohn Memorial Lecture at the Institute of Hepatology, London, Prof. Telfer Reynolds Memorial Oration at the University of Southern California. He has been bestowed with Padma Bhushan by the Govt of India. He is also a recipient of Shanti Swarup Bhatnagar Award, The World Academy of Medical Sciences (TWAS) International Prize, EASL International Recognition Award, Om Prakash Bhasin Award, Dhanvantri Medical Award, Ranbaxy Medical Sciences Award, and the 'Best Teacher' Award, besides being a founding Editor of Hepatology International. He developed with other Board of Governors the 'Vision 2015' document for Medical Education in India during his tenure as Chairman of Medical Council of India.



APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

Abstracts

Sessions

Dr. Jae Hee Cho
Department of Internal Medicine, Gangnam Severance Hospital,
Yonsei University College of Medicine, Korea

Biliary Drainage and Anti-tumor Therapy for I/H-CCA: Real-World Sequencing in Asia

The management of intrahepatic (I-CCA) and hilar cholangiocarcinoma (H-CCA) has undergone a substantial transformation with the integration of immune checkpoint inhibitors into gemcitabine–cisplatin–based chemotherapy. As overall survival in advanced biliary tract cancer increasingly exceeds one year, clinical decision-making must extend beyond the simple selection of systemic agents and incorporate a longitudinal strategy that aligns biliary drainage durability with evolving anti-tumor therapy.

In the Asia-Pacific region, where cholangiocarcinoma burden and etiologic heterogeneity are particularly high, this concept of real-world sequencing reflects the bidirectional interaction between maintaining biliary patency and sustaining effective systemic treatment. A pragmatic total bilirubin threshold of ≤5.0 mg/dL following adequate drainage permits safe initiation of dose-adjusted gemcitabine-based chemotherapy while avoiding unnecessary delays that may compromise oncologic outcomes. For surgical candidates, lower bilirubin levels remain preferable to reduce postoperative hepatic insufficiency. With prolonged survival under chemo-immunotherapy, stent-demanding time frequently extends beyond 18 months, shifting the clinical focus from initial stent patency to long-term reintervention feasibility and cumulative procedural success. In high-grade malignant hilar obstruction, side-by-side bilateral metal stenting offers practical advantages over stent-in-stent configurations by facilitating easier revision in patients expected to survive longer under modern systemic therapy.

Anatomical distinctions further influence sequencing decisions, as hilar tumors often require immediate decompression before systemic therapy, whereas intrahepatic tumors may allow initial systemic treatment unless central biliary compression develops. Recurrent biliary obstruction remains a major cause of chemotherapy interruption and dose reduction; therefore, strategies that facilitate repeat access, including exchangeable stents and EUS-guided biliary drainage after failed ERCP, are increasingly incorporated into long-term planning. First-line treatment consists of gemcitabine–cisplatin combined with immunotherapy, while gemcitabine–cisplatin plus S-1 remains an alternative option in selected Asian practice settings. Upon disease progression, therapeutic selection should prioritize actionable molecular alterations identified through genomic profiling, with cytotoxic regimens reserved for biomarker-negative disease. Early implementation of liquid biopsy-based next-generation sequencing reduces diagnostic delay and ensures readiness for timely transition to targeted therapy at the time of progression.

In conclusion, real-world sequencing in I/H-CCA requires integrated planning that accounts for anatomy, tumor biology, anticipated survival, and procedural durability. Maintaining biliary patency is essential to sustain uninterrupted systemic therapy, whereas anticipated systemic longevity mandates drainage strategies optimized for durability and reintervention, providing a practical framework for improving outcomes in contemporary Asia-Pacific practice.

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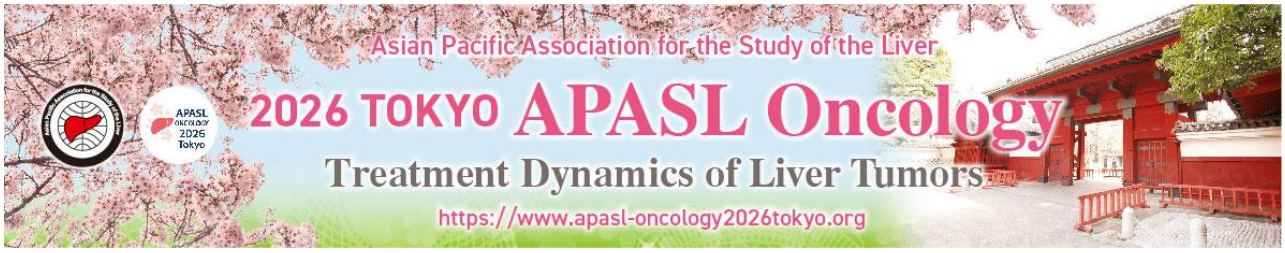

Curriculum Vitae

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Current Position, Department, Affiliation	Professor, Division of Gastroenterology, Department of Internal Medicine Gangnam Severance Hospital Yonsei University College of Medicine
Areas of Interest	Basic and clinical research of Pancreaticobiliary cancer Interventional EUS/ ERCP
Educational and Career Experiences	1993-1999 Yonsei University College of Medicine, Seoul, Korea 2001-2003 Master Degree, Graduate School, Yonsei University 2008-2015 Ph.D. Degree, Graduate School, Yonsei University College of Medicine 2008-2013 Assistant Professor, Kwandong University College of Medicine 2014-2019 Associate professor, Gachon university Gil Medical Center 2020- Professor, Department of Internal Medicine Yonsei University College of Medicine, Gangnam Severance Hospital
Honors and Awards	Outstanding Reviewer for GIE 2022 Top Reviewer for iGIE 2023 Top Reviewer for iGIE 2024 Top Reviewer for iGIE 2025

Dr. Hirofumi Kogure
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Endoscopic Management of Biliary Obstruction in Intrahepatic and Hilar Cholangiocarcinoma

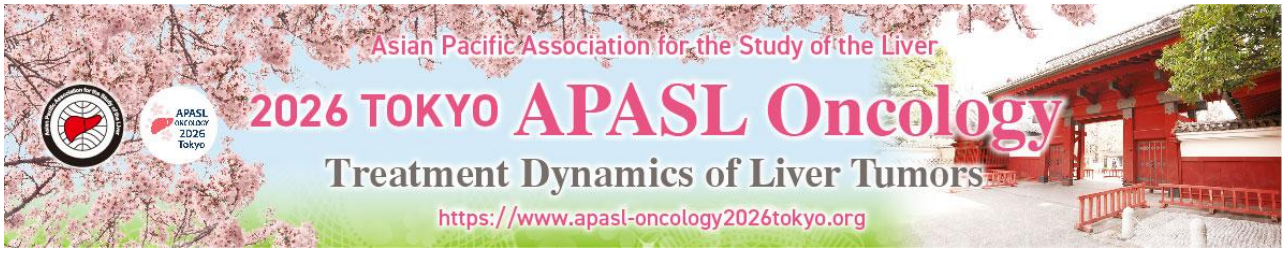
Cholangiocarcinoma (CCA) arising from intrahepatic bile ducts and the hepatic hilum represents one of the most challenging biliary malignancies in clinical practice. The majority of patients present at an unresectable stage, making effective biliary drainage a cornerstone of palliative management. Adequate relief of biliary obstruction is essential not only to alleviate jaundice but also to preserve hepatic function prior to systemic chemotherapy, thereby improving quality of life and potentially extending survival.

This lecture focuses on the endoscopic approach to biliary decompression in intrahepatic and hilar CCA, with particular emphasis on technical strategies required to manage these anatomically complex obstructions. Hilar CCA is classified according to the Bismuth-Corlette system, and the extent of ductal involvement profoundly influences the choice of drainage strategy. ERCP remains the first-line modality; however, the optimal number of stents and the selection of target segments for drainage remain debated. Unilateral versus bilateral stenting, and the importance of draining an adequate liver volume (≥50%), will be discussed with reference to current evidence and international guidelines.

Stent selection is a critical determinant of procedural success and long-term patency. Plastic stents placed in a conventional transpapillary fashion are limited by relatively short patency, whereas the inside stent technique—in which a plastic stent is deployed entirely within the bile duct without traversing the papilla—has gained attention as a means of preserving the sphincter of Oddi, reducing duodenobiliary reflux, and potentially lowering the risk of cholangitis. Additionally, fully covered self-expandable metal stents offer the theoretical advantage of removability and repositionability, making them an attractive option in the hilar setting where precise placement is paramount, and re-intervention may be anticipated. The merits, limitations, and evolving evidence for each of these approaches will be critically examined.

The role of EUS-guided biliary drainage, including hepaticogastrostomy and hepaticoduodenostomy, as a rescue strategy following failed ERCP will also be addressed.

The integration of biliary drainage with modern oncological treatments—including gemcitabine plus cisplatin-based chemotherapy and immune checkpoint inhibitors—underscores the need for a multidisciplinary approach. This lecture aims to provide a practical, evidence-based framework to guide endoscopists in optimizing outcomes in this demanding clinical setting.



Curriculum Vitae

Name	Hirofumi Kogure
Current Position, Department, Affiliation	Professor & Chairman Division of Gastroenterology and Hepatology, Department of Medicine, Nihon University School of Medicine
Areas of Interest	Diagnostic and therapeutic pancreatobiliary endoscopy (ERCP/EUS) Benign and malignant pancreatic and biliary diseases
Educational and Career Experiences	March 2001: Graduated, Faculty of Medicine, The University of Tokyo June 2001: Resident, Department of Internal Medicine, The University of Tokyo Hospital June 2002: Resident, Department of Internal Medicine, JR Tokyo General Hospital June 2003: Fellow, Department of Gastroenterology, Japanese Red Cross Medical Center June 2005: Department of Gastroenterology, The University of Tokyo Hospital April 2007: Department of Gastroenterology, Kanto Central Hospital July 2008: Department of Gastroenterology, The University of Tokyo Hospital April 2012: Assistant Professor, Department of Endoscopy and Endoscopic Surgery, The University of Tokyo Hospital November 2013: Assistant Professor, Department of Gastroenterology, The University of Tokyo Hospital April 2022 – Present: Professor & Chairman, Division of Gastroenterology and Hepatology, Department of Medicine, Nihon University School of Medicine / Nihon University Itabashi Hospital

Dr. Takashi Sasaki
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Department of Hepato-Biliary-Pancreatic Medicine,
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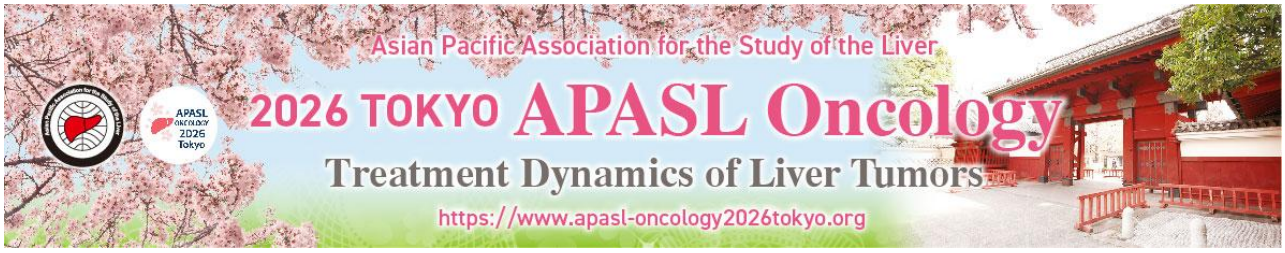
IO-Based Chemotherapy and matched therapy in I/H-CCA: What’s New and When to Start?

IO-based chemotherapy became the standard of care for the treatment of advanced cholangiocarcinoma. There are two regimens which demonstrated efficacy against this cancer: gemcitabine/cisplatin/durvalumab and gemcitabine/cisplatin/pembrolizumab. Furthermore, the efficacy of gemcitabine/cisplatin/S-1 has been demonstrated in Japan, and it is also considered one of the standard treatments for advanced cholangiocarcinoma. These three regimens can be used equally in Japan, but there is currently no evidence regarding their appropriate use. Precision medicine for advanced cholangiocarcinoma is another topic for advanced cholangiocarcinoma. The matched therapy based on genetic alteration is recommended to choose in the second-line setting. Approximately 40% of cholangiocarcinoma theoretically have matched therapies, but some drugs have not been covered by insurance yet in Japan. FGFR2 fusion, IDH1 mutation, BRAF mutation, HER2 amplification are the major genetic alteration associated with treatment. Additionally, there are also promising treatments for KRAS mutations and BRCA mutations. Matched therapy has also been confirmed to prolong prognosis, and together with IO therapy, it is expected to improve treatment outcomes for advanced cholangiocarcinoma.



Curriculum Vitae

Name	Takashi Sasaki
Current Position, Department, Affiliation	Division Director of Minimally Invasive Treatment, Department of Hepato-Biliary-Pancreatic Medicine, Cancer Institute Hospital, Japanese Foundation for Cancer Research
Areas of Interest	Anticancer therapy for HBP malignancy Minimally invasive treatment for HBP malignancy
Educational and Career Experiences	**Education:** 1995-2001 Tokyo University School of Medicine, awarded M.D. 2004-2009 Post-graduate school, The University of Tokyo, awarded Ph.D. **Career:** 2001-2002 The University of Tokyo Hospital, Dept. of Internal Medicine 2002-2003 Japanese Red Cross Medical Center, Dept. of Internal Medicine 2003-2004 Japanese Red Cross Medical Center, Dept. of Gastroenterology 2004-2007 The University of Tokyo Hospital, Dept. of Gastroenterology 2007-2008 Mitsui Memorial Hospital, Dept. of Gastroenterology 2008-2014 The University of Tokyo Hospital, Dept. of Gastroenterology 2014- Cancer Institute Hospital, Dept. of Hepato-Biliary-Pancreatic Medicine
Honors and Awards	1. Best Presentation Award (Oral Presentation) at the 49th Annual Meeting of the Japanese Society of Clinical Oncology. “Multicenter randomized controlled trial of GEM monotherapy versus GEM/S-1 combination therapy for advanced biliary tract cancer.” 2. The 25th Annual Meeting of the Japanese Society of Gastrointestinal Endoscopy Award. “Clinical outcomes of secondary gastroduodenal self-expandable metallic stent placement by stent-in-stent technique for malignant gastric outlet obstruction.”

Dr. Hiroyuki Isayama
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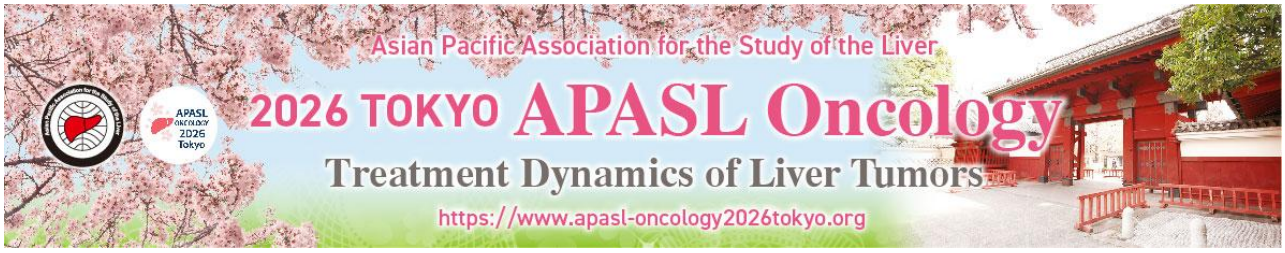
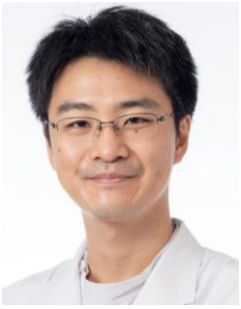
Consideration of Treatment Dynamics of I/H CCA from Tokyo Criteria

Endoscopic management of intrahepatic and hilar cholangiocarcinoma is still challenging. There are many unresolved issues in various statues, drainage area, number of the stent, stent selection, prevention of the post-procedural cholangitis, maintenance of drainage during the patients’ life, etc. Previously, endoscopists had focused on the time to recurrent biliary obstruction (TRBO) of the first stent because of expected short patients’ survival. However, since recent development of chemotherapy prognosis of the unresectable cases are prolonged. The chance of re-intervention is increasing currently. In addition, conversion surgery was another option in the unresectable cases received chemotherapy. Consideration of this situation, exchangeable stent was favorable. Previously, uncovered self-expandable metallic stent (U-SEMS) was recommended as firstline stent because of long TRBO, but it was not able to exchange. Current strategies for the management of hilar stricture employs plastic stent or covered SEMS. On the other hand, “Tokyo criteria 2024” is the proposal of standard evaluation system of endoscopic biliary drainage. Concept of Tokyo criteria is evaluating the strategies rather than TRBO of each stent, and the evaluation items are suitable for goal of the patient care. Evaluation of the various situations and procedures is other feature of Tokyo criteria. In this lecture, I will try to explain current management of hilar biliary obstruction and features of Tokyo criteria 2024.



Curriculum Vitae

Name	Hiroyuki Isayama
Current Position, Department, Affiliation	Professor & Chairperson, Department of Gastroenterology, Graduate School of Medicine, Juntendo University
Areas of Interest	Pancreato-biliary (Main field), diagnostic and therapeutic Endoscopy, ERCP and EUS related procedures, Metallic stent, Oncology
Educational and Career Experiences	Dr. Isayama is a professor and chairperson in the Department of Gastroenterology, Graduate School of Medicine, Juntendo University. He graduated from Tokyo Jikei University School of Medicine, where he was awarded an MD. He later earned a PhD from the Graduate School of Medicine, The University of Tokyo. Dr. Isayama holds a Board-Certified Member of the Japanese Society of Internal Medicine, Trainer of the Japanese Society of Gastroenterology, Japan Gastroenterological Endoscopy Society, Supervisory Doctor of the Japan Biliary Association and Japan Pancreas Society, and Certified Cancer Treatment Physician of the Japanese Society of Medical Oncology. Dr. Isayama serves as a director of the Japanese Society of Gastroenterology (JSGE), where he is Director of the Asian Liaison Committee, Nominations Committee and Vice Director of Journal Editorial Board. He is also a director of the Japanese Biliary Association and serves as Director and Editor-in-Chief of the Journal of the Japanese Biliary Association. Additionally, he is a council member for the Interdisciplinary Hepatobiliary Disease Committee within the Ministry of Health, Labor, and Welfare (serving as chairperson of the sub-committee on Sclerosing Cholangitis and Intrahepatic Lithiasis), a Technological Professional Commissioner on the Advanced Medical Treatment Committee of the Ministry of Health, Labor, and Welfare, and an expert advisor to the Pharmaceuticals and Medical Devices Agency (PMDA). He has published more than 583 peer-reviewed English articles (>3207.50 IF). He has many experiences of live-demonstration and invited lectures internationally. He developed many metallic and plastic stents for biliary, pancreatic and digestive tract, and is the pioneer of biliary covered self-expandable metallic stent (SEMS). He was chief of making GL committee of EUS-BD, Primary sclerosing cholangitis and endoscopic management of walled-off necrosis, and he is the committee member of clinical practice guidelines of both pancreas cancer and cholangiocarcinoma, and biliary stones. He is a president of T-CAP (Tokyo Conference of Asian Pancreato-biliary Interventional Endoscopy), is international workshop and annually held in Tokyo.



Dr. Hiroaki Fujiwara
Chief researcher, Division of Gastroenterology,
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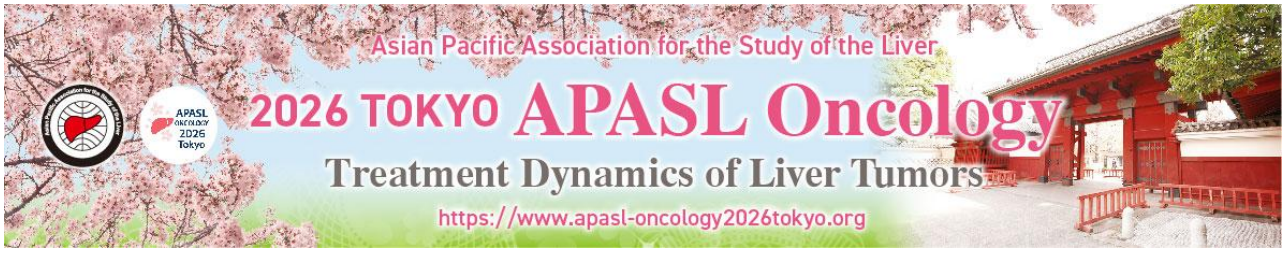
Molecular Basis of Intrahepatic Cholangiocarcinogenesis and Its Therapeutic Implications

Intrahepatic cholangiocarcinoma (ICC) is a highly heterogeneous malignancy characterized by diverse genomic alterations and limited effective therapeutic options. Among these alterations, mutations in isocitrate dehydrogenase (IDH) have attracted considerable attention because of their relatively high frequency and unique biological consequences. Mutant IDH enzymes produce the oncometabolite 2-hydroxyglutarate, which induces widespread epigenetic dysregulation and is thought to contribute to early tumorigenic processes. Nevertheless, the process of biliary carcinogenesis remains unclear.

Previously, we reported that IDH mutation activates glycolytic activity in intrahepatic biliary epithelial cells (Scientific Reports, 2019). The glycolysis-related gene PFKP, a potential driver of this metabolic shift, was also found to be highly expressed in human IDH-mutant ICC. These findings led us to hypothesize that elucidating the functional roles of this mutation in biliary carcinogenesis may facilitate the identification of novel mutation-specific therapeutic targets. However, introduction of IDH mutations alone was insufficient to establish an in vivo tumor model.

In vivo models of IDH-mutant ICC are scarce, as existing models rely on genetic combinations that are uncommon in human tumors. Recently, several recurrent co-mutational patterns associated with IDH-mutant ICC have been identified through genomic studies. Based on these findings, we combined selected cooperative genetic alterations to establish a new human-relevant in vivo model of IDH-mutant ICC. Using this platform, we aimed to elucidate the process of biliary carcinogenesis and to identify novel therapeutic target relevant to human ICC.



Curriculum Vitae

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Areas of Interest	Cholangiocarcinoma Primary Sclerosing Cholangitis
Educational and Career Experiences	**Education:** 2008 M.D. Faculty of Medicine, The University of Tokyo 2017 Ph.D. Graduate School of medicine, The University of Tokyo, mentored by Dr. Keisuke Tateishi and Prof. Kazuhiko Koike **Career History:** 2008-2013 Resident, Mitsui Memorial Hospital, Department of Internal Medicine 2013-2019 Clinical Fellow, The University of Tokyo Hospital, Department of Gastroenterology. 2019-present Chief researcher, The Institute of Medical Science, Asahi Life Foundation, Division of Gastroenterology
Honors and Awards	2019 International Exchange Encouragement Award, Japan Biliary Association 2022 Poster of Distinction, Digestive Disease Week 2022

Dr. Yusuke Kouchi
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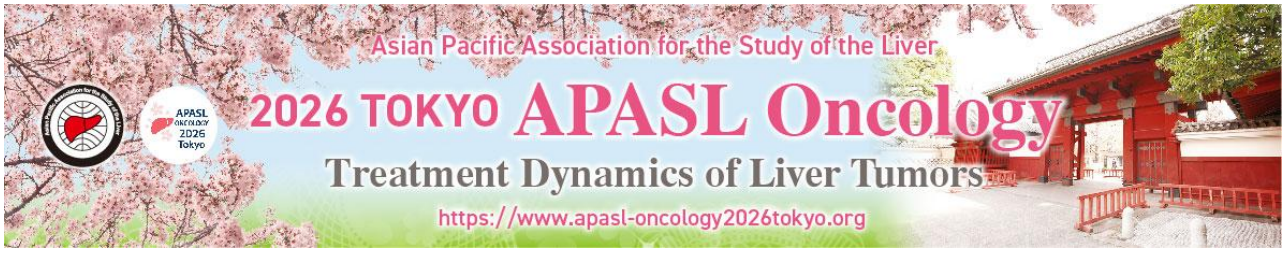
Landscape of the Biliary Cancer-Field Elucidated by Minute Dissection-Based Molecular Mapping: Opening A New Path to Early Diagnosis

Early detection of biliary tract cancer (BTC) remains a major clinical challenge, as most patients are diagnosed at an advanced stage, limiting opportunities for curative intervention. Morphologically, BTC is frequently accompanied by mucosal “dysplasia” adjacent to invasive carcinoma, yet the biological significance of this finding has remained unclear. While cancer genomic studies have expanded our knowledge of BTC, they have largely relied on analyses of invasive carcinoma alone, leaving the genomic architecture of dysplasia and the surrounding biliary epithelium unexplored. To address this gap, we applied minute dissection–based molecular mapping to 14 surgically resected BTC cases (perihilar, n=6; distal, n=6; cystic duct, n=2). Following detailed histological mapping, multiregional sampling was performed across invasive carcinoma, dysplasia, and background epithelium. Between 9 and 23 regions were analyzed per case (total 199). From each region, approximately 4,000 tiny tissue pieces were dissected, enabling genomic analysis directly aligned with histopathological features. Targeted deep sequencing was performed using a 67-gene in-house panel tailored to pancreatobiliary cancer, and copy number alterations were assessed by digital PCR. This approach revealed two molecular types of BTC: cases with dysplasia and those without. In dysplasia-associated cases (11 of 14), founder mutations shared with invasive carcinoma were consistently detected across morphologically defined dysplasia and, in some cases, extended into adjacent epithelium. Together, these findings delineated a broad, clonally related genomic field enriched for tumor suppressor gene alterations, designated as a Pre-malignant Cushion. These founder events were dominated by tumor suppressor gene mutations, most notably TP53. Within this group, invasive carcinoma acquired additional somatic mutations and/or copy number alterations on top of the shared founder background, supporting the notion that invasion arises within a pre-established molecular substrate. In contrast, cases without dysplasia showed genetic alterations confined to the invasive carcinoma, with no detectable changes in the surrounding epithelium.
Collectively, our findings demonstrate that a broad, TP53-driven Pre-malignant Cushion represents a precursor substrate for BTC in a substantial subset of patients. By shifting the clinical focus from the invasive carcinoma alone to the surrounding molecularly altered epithelium, this framework suggests a new diagnostic paradigm: cholangioscopy-directed assessment combined with bile-based detection of TP53 alterations may enable identification of high-risk individuals before overt development of invasive cancer. Recognition of this Pre-malignant Cushion opens a path toward earlier diagnosis, risk stratification, and proactive surveillance in BTC.



Curriculum Vitae

Name	Yusuke Kouchi
Current Position, Department, Affiliation	Associate Professor (Pathology) 1.Department of Molecular Pathology, Chiba University Graduate School of Medicine 2.Genome Analysis Center, Yamanashi Central Hospital
Areas of Interest	surgical pathology; molecular pathology; hepatobiliary and pancreatic cancers.
Educational and Career Experiences	Dr. Kouchi received his MD from Chiba University in 2017, and subsequently completed his residency training and board certification in pathology in Japan. He obtained his PhD from Chiba University, Graduate School of Medicine in 2023, where he focused on the hepatopancreatobiliary pathology. He has been serving as a faculty member at the Department of Molecular Pathology, Chiba University Graduate School of Medicine, and is actively involved in diagnostic pathology, research, and education. Since 2024, he has also been engaged in genomic research on pancreatobiliary cancers at Genome Analysis Center, Yamanashi Central Hospital, with a particular focus on translational and collaborative studies.

Dr. Sadahisa Ogasawara
Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University, Japan

Beyond the Storm: Life After irAEs - The Hepatic Frontier

Immune checkpoint inhibitors have reshaped the treatment landscape of many solid tumors, including hepatocellular carcinoma (HCC). At the same time, immune-related adverse events (irAEs) have emerged as a new clinical reality. Among them, immune-related liver injury (irLI) occupies a central place in HCC, where most patients already have underlying chronic liver disease. The challenge is not limited to managing an acute event. It extends to how we care for patients after the storm has passed.

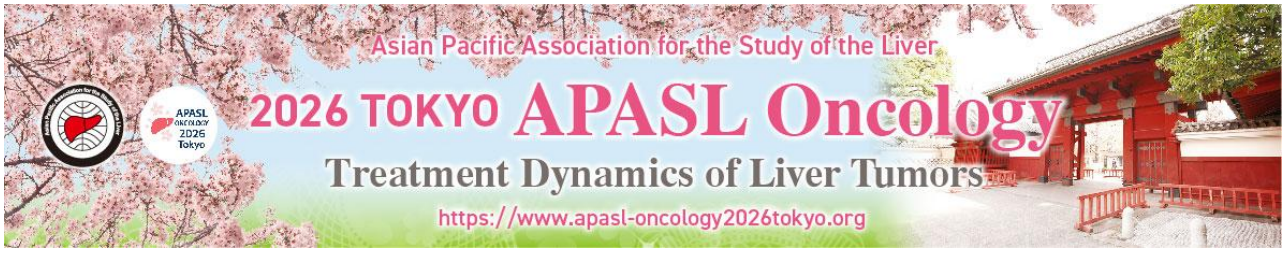
The incidence of irLI varies by regimen and is higher with combination therapy. With the recent approval of nivolumab plus ipilimumab for advanced HCC in Japan, attention to hepatic safety has become even more important. Dual immune checkpoint blockade can produce meaningful and durable responses, yet it is also associated with a higher frequency of hepatic adverse events. In patients with cirrhosis or advanced fibrosis, even moderate irLI may trigger hepatic decompensation. Careful baseline assessment of liver function and close monitoring during treatment are therefore essential.

Diagnosis of irLI is often complex. Elevation of liver enzymes may reflect immune-mediated hepatitis, tumor progression, viral reactivation, biliary complications, or other drug-induced injury. Histological findings are diverse and may include lobular hepatitis, bile duct injury, or mixed inflammatory patterns. Recently published Japanese clinical guidelines provide practical recommendations for grading, diagnostic workup, and corticosteroid-based management. They emphasize early recognition, exclusion of alternative causes, and multidisciplinary collaboration.

Management strategies depend on severity. Mild cases may be observed with close follow-up. Moderate to severe injury generally requires corticosteroids, and refractory cases may need additional immunosuppression. The decision to resume immunotherapy must balance antitumor benefit against the risk of recurrent liver injury.

Despite increasing clinical experience, the mechanisms underlying irLI remain incompletely understood. The interaction between pre-existing liver inflammation, tumor microenvironment, and systemic immune activation likely shapes susceptibility and severity. Deeper mechanistic insight may allow risk stratification and more individualized treatment strategies.

As immunotherapy becomes standard in advanced HCC, our focus must move beyond response rates. Life after irAEs, particularly in the hepatic setting, demands vigilance, structured management, and continued investigation at this evolving frontier.



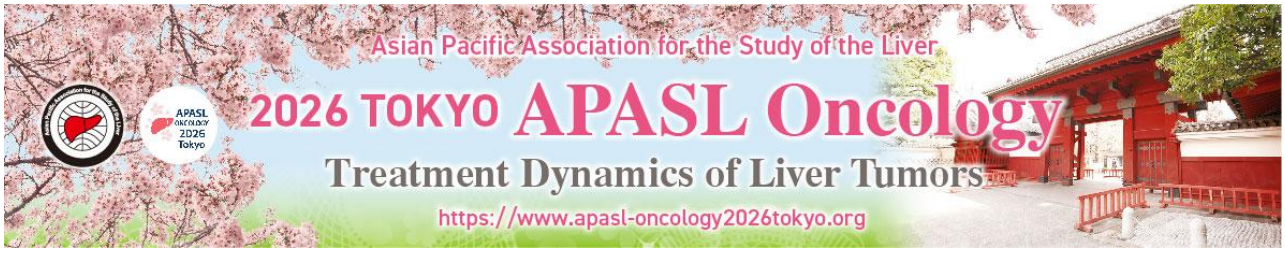
Curriculum Vitae

Name	Sadahisa Ogasawara
Current Position, Department, Affiliation	Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University
Areas of Interest	Hepatocellular carcinoma
Educational and Career Experiences	**Education** Chiba University School of Medicine, Chiba, Japan (2004) **Career** Assistant professor, Department of Medicine and Clinical Oncology, Graduate School of Medicine, Chiba University (2013–2016) Assistant professor, Clinical research center, Chiba University Hospital (2016–2018) Assistant professor, Translational Research and Development Center, Chiba University Hospital (2018–2022) Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University (2022–Present)
Honors and Awards	The Best Presenter Award in International Session (JDDW 2018) Young Investigator Award（JDDW 2019） Gilead's Research Scholars Program Liver Disease Awards (2021) The Best Presenter Award in International Session (JDDW 2025)

Dr. Tatsuo Kanda
Professor, Division of Gastroenterology and Hepatology, Uonuma Institute of Community Medicine, Niigata University Medical and Dental Hospital, Japan

Hepatic irAEs and Survival Benefit: What We Learned from 924 Patients

It is unclear that there are associations between the occurrence of abnormal liver function tests, an immune-related adverse event (irAE) caused by immune checkpoint inhibitors (ICIs), and treatment efficacy. The association between the incidence of these hepatic irAE occurrences and treatment response in patients treated with ICIs was examined. In the present study, 924 patients treated with ICIs to determine the relationship between the incidence of irAEs and overall survival (OS) with and without the continuation of ICIs due to hepatic irAEs were included. Of 924 treated, 36.6% developed all types of irAEs. Median OS for patients with or without irAEs were 34.3 months or 13.1 months, respectively ($p = 2.49 \times 10\text{-}14$). In total, 6.7% patients developed hepatic irAE; 31 discontinued and 31 continued ICI. Of note, median OS with and without the continuation of ICI therapy due to hepatic irAEs was 54.3 months and 11.5 months, respectively ($p = 0.00589$). We further compared the difference of liver function tests among the two groups. Although aminotransferases are higher among discontinued group, stigmata of impending hepatic failure were no different among these two groups. Elevation of aminotransferases was higher in the discontinuation group than that in the continuation group. Analysis of the pattern of elevation of liver enzymes showed that the hepatocellular pattern was the dominant type in the discontinuation group rather than that in the continuation group. There is no difference of change of ALT levels (maximum/basal values) between both groups. In conclusion, of patients who developed hepatic irAEs, OS was longer in the continued treatment group than in the discontinued treatment group. Most patients who developed hepatic irAEs and stopped the treatment had higher aminotransferase, but often lacks the stigmata of impending hepatic failure such as prothrombin time prolongation or gradual elevation of total bilirubin. Multi-disciplinary cooperation, including hepatologists, may be important for OS improvement by the prolonged use of ICIs. In the near future, artificial intelligence (AI)-based methods may further refine risk stratification. Prospective studies will be needed to confirm the further association between hepatic irAE and OS.



Curriculum Vitae

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Current Position, Department, Affiliation	Professor, Division of Gastroenterology and Hepatology, Uonuma Institute of Community Medicine, Niigata University Medical and Dental Hospital, Minami-Uonuma, Niigata 949-7302, Japan
Areas of Interest	Hepatology: HCC, Cirrhosis, Hepatitis B and C, HAV and HEV infection
Educational and Career Experiences	2024-Present Professor, Division of Gastroenterology and Hepatology, Uonuma Institute of Community Medicine, Niigata University Medical and Dental Hospital, Niigata, Japan 2019-2024 Clinical Professor, Division of Gastroenterology and Hepatology, Department of Medicine, Nihon University School of Medicine, Tokyo, Japan 2008-2024 Associate Professor, Department of Gastroenterology, Chiba University, School of Medicine, Chiba, Japan (Prof. Osamu Yokosuka) 2005-2008 Faculty, Department of Pathology, Saint Louis University School of Medicine, St. Louis, MO, USA (Prof. Ratna B. Ray and Prof. Ranjit Ray) 1999 Ph.D., Chiba University Graduate School of Medicine, Chiba, Japan 1991 M.D., Niigata University School of Medicine, Niigata, Japan
Honors and Awards	2025 Member of APDWF Scientific Planning Committee (2025-2027), nominated by APASL 2024 Powell-Sarin Achievement Award, APASL 2004 Young Investigator Award, 14th Biennial Conference APASL

Dr. Tomoharu Yamada
Assistant Professor,
Department of Gastroenterology,
The University of Tokyo Hospital, Japan

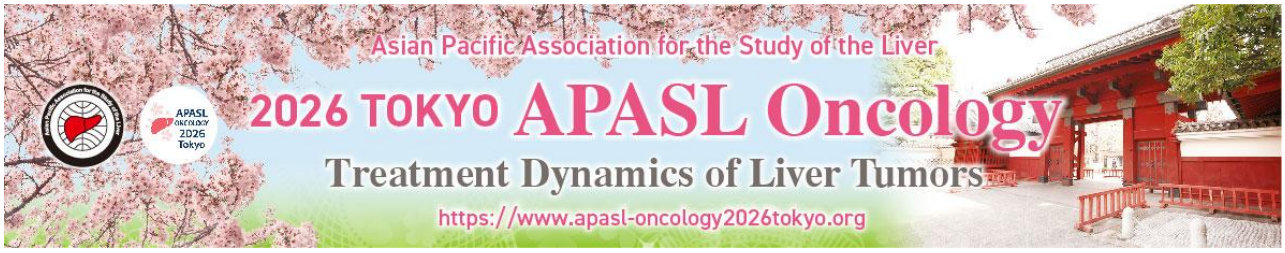
Immune Checkpoint Inhibitors as Bridging Therapy to Liver Transplantation: Balancing Antitumor Efficacy and the Risk of Graft Rejection

Liver transplantation (LT) is a life-saving treatment for patients with end-stage liver disease and hepatocellular carcinoma (HCC), yet recurrence remains a major clinical challenge, affecting 8–20% of recipients. The rapid advancement of systemic therapies, particularly immune checkpoint inhibitors (ICIs), has provided new opportunities for downstaging and bridging to LT. However, the use of ICIs in the transplant setting introduces a complex dilemma due to the risk of acute and potentially fatal allograft rejection.

In the pre-transplant setting, ICIs are increasingly utilized to achieve tumor shrinkage and establish eligibility for curative LT. Despite successful outcomes, allograft rejection occurs in approximately 26% of cases according to systematic reviews. The risk of rejection is strongly influenced by the interval between the last ICI administration and LT. A washout period of more than 50–90 days is recommended to reduce rejection rates below 10%. This persistent risk is attributed to the prolonged half-life of anti-PD-1 antibodies and the persistence of memory T cells in the allograft.

Post-transplant management of HCC recurrence remains clinically challenging. While ICIs offer superior response rates compared to tyrosine kinase inhibitors (TKIs), their use in the post-LT setting can trigger fatal rejection, especially in grafts expressing PD-L1. This process results in immune-mediated injury to hepatocytes and graft failure. Currently, TKIs such as lenvatinib remain the standard of care for post-transplant recurrence due to their manageable safety profile.

The integration of ICIs into transplant oncology requires careful balancing of therapeutic efficacy against rejection risk, with appropriate washout intervals and close monitoring essential for optimizing patient outcomes.



Curriculum Vitae

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Current Position, Department, Affiliation	Assistant Professor, Department of Gastroenterology, The University of Tokyo Hospital
Areas of Interest	Hepatocellular carcinoma, Systemic therapy, Immune checkpoint inhibitors, Translational research, Clinical trials
Educational and Career Experiences	2010 M.D., Jikei University School of Medicine 2019 Ph.D. (Medicine), The University of Tokyo 2010–2011 Resident, Hitachi General Hospital 2011–2012 Resident, The University of Tokyo Hospital 2012–2015 Senior Resident, Mitsui Memorial Hospital 2015–2022 Medical Specialist, Dept. of Gastroenterology, The University of Tokyo Hospital 2022–Present Assistant Professor, Dept. of Gastroenterology, The University of Tokyo Hospital
Honors and Awards	2022 Best Presentation Award, The 26th Annual Meeting of the Japanese Society of Molecular Targeted Therapy for Hepatocellular Carcinoma 2018 Grand Prize, Internal Medicine Seminar (5th), Graduate School of Medicine, The University of Tokyo 2015 Best Teacher Award, The University of Tokyo Hospital 2014 Best Teacher Award, Mitsui Memorial Hospital 2014 Travel Grant Award, T-CAP (Tokyo Conference of Asian Pancreato-biliary Interventional Endoscopy)

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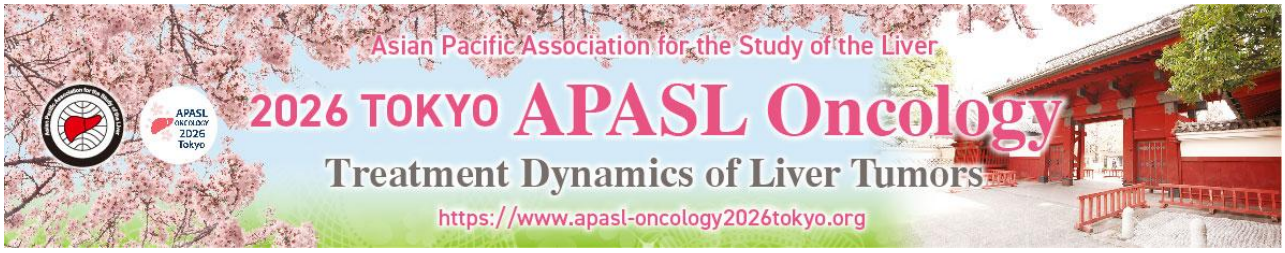
ERCP or EUS for Biliary Drainage Before Chemotherapy: Evidence and Practice Consideration

The purpose of biliary drainage before chemotherapy in non hilar and hilar malignant biliary obstruction (MBO) is to prioritize ≥50% viable liver volume drainage via cross-sectional imaging assessment to avoid atrophic segments. Randomized trials demonstrate self-expandable metal stents (SEMS) outperform plastic stents (PS), with higher successful drainage (70.4% vs. 46.3%), longer median survival (126 vs. 49 days), and reduced re-obstruction, despite comparable complications. Innovations like long slim SEMS, multi-hole fully covered SEMS, and side-by-side vs. stent-in-stent techniques enhance patency (e.g., 267 days median) and re-intervention success, particularly during chemotherapy.

For complex cases, experts advocate multi-segmental approaches (ERCP + EUS-BD) targeting left/right lobes, with EUS-guided hepaticogastrostomy/duodenostomy (HGS/HDS) as backups for inaccessible segments, achieving high technical success (84-100%) and lower recurrent biliary obstruction (RBO) rates vs. percutaneous transhepatic biliary drainage (PTBD). Covered/multi-hole SEMS reduce tumor ingrowth/migration, while PS or slim SEMS suit chemotherapy candidates due to replaceability.

Future directions highlight protocol refinements like on-demand plastic exchanges, radiofrequency ablation through stents, and novel multi-hole designs for prolonged patency in longer survivors. Overall, the presentation stresses multidisciplinary planning, limited contrast injection, and technique selection balancing patency, risks, and costs to optimize outcomes in MBO



Curriculum Vitae

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Areas of Interest	Therapeutic endoscopy AI in Medicine Medical entrepreneurship
Educational and Career Experiences	· Diplomate, Thai Board of Internal Medicine · Diplomate, Thai Subspecialty Board of Gastroenterology · Diplomate, American Board of Internal Medicine · Diplomate, American Board of Gastroenterology · Certificate of Added Qualification in Advanced Endoscopy
Honors and Awards	· 2025 Outstanding National Researcher Award, National Research Council of Thailand (NRCT) · Excellence in Medical Education Award, Chulalongkorn University · Distinguished Service Award, Thai Association for Gastrointestinal Endoscopy · International Recognition for Contributions to Therapeutic Endoscopy

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EUS-guided Biliary Drainage/Anastomosis: Technical Pearls and Pitfalls

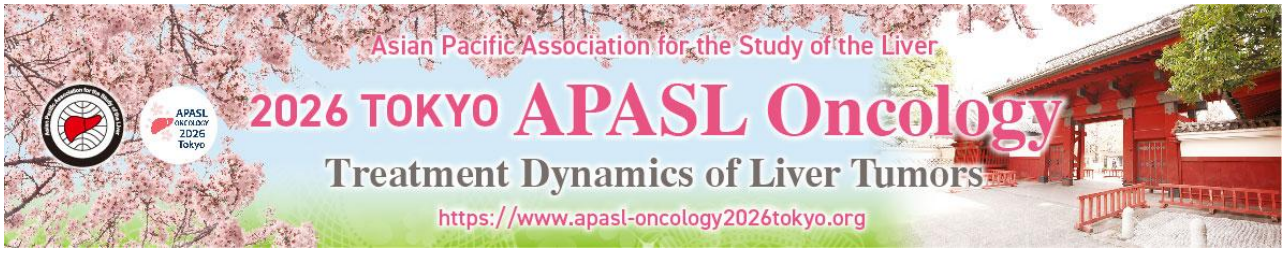
Biliary drainage for unresectable perihilar or intrahepatic cholangiocarcinoma is often challenging because of the complex anatomy of the perihilar bile ducts, variability in stricture location, and tumor-related characteristics. Recent advances in chemotherapy, including the introduction of immune checkpoint inhibitors (ICI), have improved the prognosis of unresectable cholangiocarcinoma. To maximize the therapeutic benefit of ICI-chemotherapy, however, interruption of treatment due to stent-related complications requiring endoscopic reintervention should be avoided as much as possible. In addition, the use of antibiotics may attenuate the efficacy of ICI, highlighting the importance of selecting drainage strategies that minimize the risk of cholangitis. Given this heterogeneity, the biliary drainage strategy should be determined on a case-by-case basis.

Although ERCP-guided biliary drainage (ERCP-BD) remains the standard approach, EUS-guided biliary drainage or anastomosis (EUS-BD/A), including hepaticogastrostomy (HGS), hepaticoduodenostomy (HDS), and bridging stenting, represents a useful alternative. In high-volume centers, ERCP-BD alone, EUS-BD alone, or a combination of both approaches can be selected.

The representative indication for EUS-BD has traditionally been salvage therapy for failed or difficult ERCP cases, such as unsuccessful biliary cannulation, failure to selectively access target branches, or an inaccessible papilla. In addition, primary indications for EUS-BD, with or without ERCP-BD, should also be considered. First, cases with impaired communication among multiple intrahepatic bile ducts are important candidates. In such cases, ERCP-BD targeting all desired branches is often difficult, and reintervention for recurrent biliary obstruction or cholangitis is also challenging. Second, hypervascular or soft tumors should be considered. In ERCP-BD, stents placed across the stricture may cause tumor bleeding or intrastent tumor ingrowth, whereas EUS-BD stents are positioned in patent bile ducts away from the stricture, reducing these risks.

From a technical standpoint, EUS-BD for perihilar strictures is more demanding than for distal biliary strictures. In EUS-HGS or HDS, the short distance between the puncture site and the stricture often makes guidewire manipulation toward the deeper bile duct difficult, resulting in challenges during device insertion. Stent positioning is another concern. With partially covered metal stents, overly deep insertion can occlude side branches, which is particularly problematic in perihilar strictures where only limited liver segments can be drained. Conversely, shallow insertion increases the risk of bile leakage due to exposure of the uncovered portion into the peritoneal cavity. Although plastic stents do not occlude side branches, insufficient insertion may result in stent migration.

In this lecture, I present technical tips and pitfalls of EUS-BD/A for perihilar strictures.



Curriculum Vitae

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Areas of Interest	Endoscopic management of pancreato-biliary disorders including ERCP, EUS-TA, and interventional EUS
Educational and Career Experiences	**Education** 1993-1999 Kanazawa University School of Medicine awarded M.D. 1999-2000 University of Tokyo Hospital, Resident of internal medicine 2000-2003 Saitama Red Cross Hospital, Senior resident of internal medicine 2003-2008 Post-graduate school, University of Tokyo, awarded Ph.D. **Professional experience** 2003-2005 University of Tokyo Hospital, Dept. of Gastroenterology 2005-2007 JR Tokyo General Hospital, Dept. of Gastroenterology 2007-2008 University of Tokyo Hospital, Dept. of Gastroenterology 2008-2010 Kanto Central Hospital, Dept. of Gastroenterology 2010-2014 Tokyo Metropolitan Police Hospital, Dept. of Gastroenterology 2014-2017 Assistant professor; Dept. of Gastroenterology, Graduate School of Medicine, The University of Tokyo 2017-2024 Associate professor; Dept. of Gastroenterology and Hepatology, Saitama Medical Center, Saitama Medical University 2024-present Professor; Dept. of Gastroenterology and Hepatology, Saitama Medical Center, Saitama Medical University

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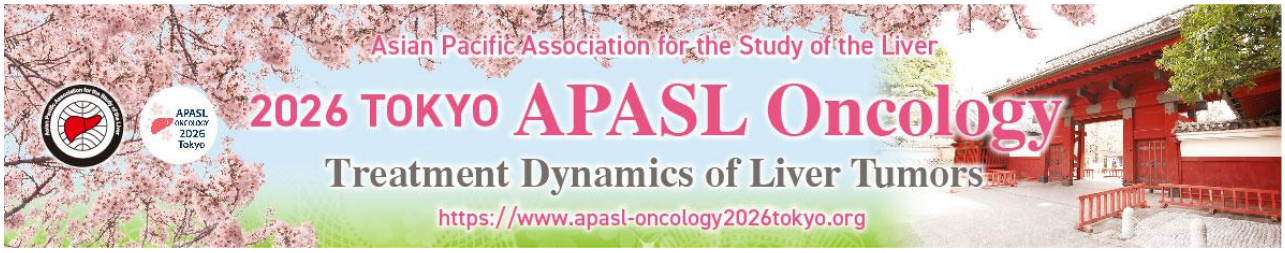
Does Quality of Biliary Drainage Affect Safety and Efficacy of Chemotherapy?

In patients with malignant biliary obstruction (MBO) undergoing chemotherapy for advanced biliary tract cancer (BTC), endoscopic retrograde cholangiopancreatography (ERCP) is the first-line option for biliary drainage. In cases of hilar MBO, several endoscopic drainage strategies are available, including unilateral versus bilateral drainage and the use of plastic versus metal stents. The recent introduction of immune checkpoint inhibitors (ICIs) has increased the number of long-term survivors with BTC and expanded the possibility of conversion surgery in patients with initially unresectable disease. Although evidence regarding the impact of biliary drainage strategies on chemotherapy outcomes remains limited, drainage of more than 50% of the liver volume—often requiring bilateral drainage—has been associated with improved survival. While bilateral metal stent placement as first-line drainage offers a longer time to recurrent biliary obstruction (TRBO), it is also associated with a higher likelihood of requiring percutaneous transhepatic biliary drainage as a reintervention. Moreover, metal stents may hinder subsequent conversion surgery. According to the Tokyo Criteria 2024 for endoscopic biliary drainage, treatment goals should not be determined solely by initial TRBO, and plastic stents placed above the papilla are recommended as first-line drainage. However, plastic stents are prone to occlusion and require repeated exchanges, and several questions remain unresolved, including the optimal strategy for on-demand versus scheduled stent exchange and the potential impact of antibiotic use on the efficacy of ICIs. Therefore, an individualized biliary drainage algorithm is needed to further optimize chemotherapy outcomes in patients with BTC.



Curriculum Vitae

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Current Position, Department, Affiliation	Professor and Chief Department of Internal Medicine Institute of Gastroenterology Tokyo Women's Medical University
Areas of Interest	Endohepatology Intervention and oncology for biliary tract cancer
Educational and Career Experiences	1998 the University of Tokyo, awarded M.D. 2007 Graduate School of Medicine, The University of Tokyo, awarded PhD. 2010-2012 University of California Irvine Medical Center, Dept. of Gastroenterology. Clinical instructor 2012-2019 The University of Tokyo Hospital, Dept. of Gastroenterology. Assistant professor. 2019-2024 The University of Tokyo Hospital, Dept of Endoscopy and Endoscopic Surgery, Associate professor 2024-present Tokyo Women’s Medical University, Department of Internal Medicine, Institute of Gastroenterology, Professor and Chief

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Professor, Department of Gastroenterology & Hepatology,
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ERCP vs. EUS-BD/A ~Which should be the First-line Drainage? (Pro-ERCP)

Background and Objectives

Intrahepatic cholangiocarcinoma (I/H CCA) frequently involves the biliary hilum or adjacent intrahepatic bile ducts, often resulting in obstructive jaundice. Effective and safe biliary decompression is a critical prerequisite for the initiation of systemic chemotherapy and is closely associated with improved patient outcomes. Endoscopic ultrasonography-guided biliary drainage/anastomosis (EUS-BD/A) has recently emerged as a reliable salvage option following unsuccessful transpapillary drainage via endoscopic retrograde cholangiopancreatography (ERCP). Although recent studies have proposed EUS-BD/A as a potential primary drainage modality, ERCP-based approaches retain several important advantages that merit careful consideration when selecting the optimal drainage strategy.

Comparison of Procedural Outcomes

First, ERCP utilizes the physiological route through the major papilla, thereby minimizing the risk of bile leakage compared with the transmural access required for EUS-BD/A. In addition, the risk of peritoneal dissemination remains a concern in EUS-guided procedures. Historically, ERCP replaced percutaneous transhepatic biliary drainage (PTBD) as the standard approach largely due to concerns regarding needle-tract seeding. Similar oncologic caution should therefore be applied to EUS-guided biliary drainage, particularly in patients with potentially aggressive malignancies such as I/H CCA.

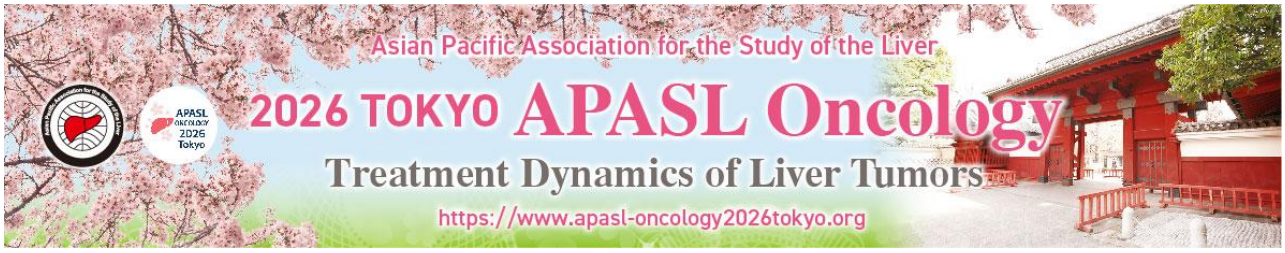
Second, ERCP offers superior versatility for addressing the complex anatomy of the right intrahepatic biliary system. Although EUS-guided hepaticoduodenostomy (EUS-HDS) has been reported as a technique for right-sided drainage, stable and selective access to the right anterior segmental branches remains technically demanding. In contrast, ERCP enables selective cannulation and multi-segmental drainage, which is often required in I/H CCA due to its characteristic hilar involvement.

Technical and Diagnostic Considerations

Several technical limitations of EUS-BD/A also persist. Currently, there is a lack of dedicated devices specifically designed for EUS-guided biliary interventions. Complications such as stent migration or dislodgement can lead to severe bile peritonitis, occasionally necessitating urgent surgical or radiological management. Moreover, although the use of specialized guide sheaths has been proposed to facilitate endobiliary biopsy during the initial EUS-BD session, the diagnostic yield, safety, and standardization of biopsies performed via an endosonography-created route (ESCR) remain insufficiently validated.

Conclusion

In summary, while EUS-BD/A plays an increasingly important role as a salvage modality for biliary drainage in patients with I/H CCA, ERCP should remain the preferred primary approach when transpapillary access is feasible. Its lower potential risk of peritoneal seeding, superior accessibility to right-sided biliary segments, and well-established safety profile support its continued role as the first-line biliary drainage strategy in this patient population.



Curriculum Vitae

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Current Position, Department, Affiliation	Professor, Department of Gastroenterology & Hepatology, Saitama Medical University, Saitama, Japan
Areas of Interest	Endoscopic treatment for pancreato-biliary diseases Chemotherapy for pancreato-biliary diseases Autoimmune pancreato-biliary diseases Primary sclerosing cholangitis Autoimmune pancreatitis
Educational and Career Experiences	M.D., Ph.D., The University of Tokyo, Tokyo, Japan 2012 01/04/2025-present, Professor, Department of Gastroenterology & Hepatology, Saitama Medical University, Saitama, Japan 01/04/2022-31/03/2025, Associate Professor, Department of Gastroenterology & Hepatology, Saitama Medical University, Saitama, Japan 01/09/2015-31/03/2022, Assistant Professor, Department of Gastroenterology, The University of Tokyo, Tokyo, Japan
Honors and Awards	Young Investigator Award, Japan Digestive Disease Week, 2018 Young Investigator Award, the Japanese Society of Internal Medicine, 2016

Dr. Kazuo Hara
Director, Dep of Gastroenterology,
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Japan

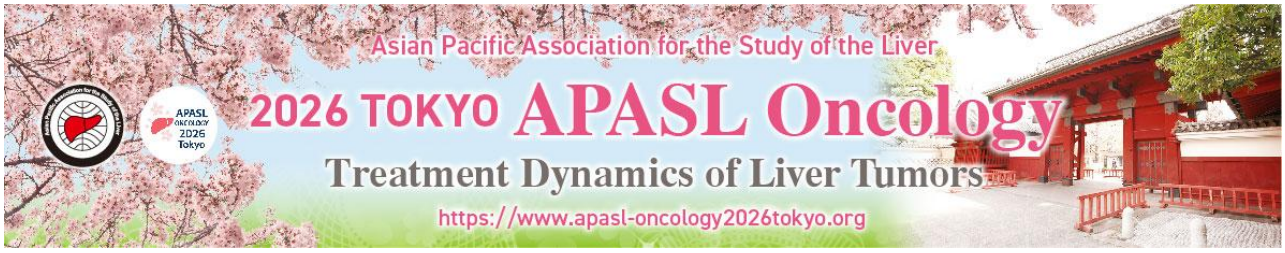
Which should be the First-line Drainage? Pro-EUS

ERCP remains the gold standard for primary biliary drainage in patients with biliary tract cancer. However, ERCP has several limitations, including the risk of post-ERCP pancreatitis and the need to place stents across the biliary stricture (tumor). Placement of multiple stents beyond a tight stricture is technically challenging, and traversing the tumor may increase the risk of tumor-related bleeding.

EUS-guided biliary drainage (EUS-BD) is not recommended for resectable disease because of the risk of bile leakage, but it may be effective in selected patients with unresectable disease and multiple biliary strictures. A key advantage of EUS-BD is the absence of post-ERCP pancreatitis. While ERCP often fails in cases of complete biliary obstruction, EUS-BD enables drainage of the dilated bile duct. In addition, because stents can be placed without crossing the stricture, precise stent exchange is feasible, and combination with ERCP may further improve biliary drainage.

EUS-BD is unsuitable for patients with ascites. Therefore, from a long-term clinical perspective, performing EUS-BD as **primary drainage before the development of ascites,** with ERCP added when necessary, may be a reasonable strategy. In **Bismuth type IV** hilar strictures, EUS-guided hepaticogastrostomy (EUS-HGS) alone may result in inadequate drainage, and EUS-guided hepaticoduodenostomy (EUS-HDS) should be considered at the initial procedure.

Because combination therapy with ERCP is often ultimately required, biliary drainage strategies should be planned with a long-term perspective.



Curriculum Vitae

Name	Kazuo Hara
Current Position, Department, Affiliation	Director, Dep of Gastroenterology, Aichi Cancer Center
Areas of Interest	・ Diagnosis and Treatment for Pancreato-Biliary Tumors -Endoscopic management (Interventional EUS, Primary NKF, etc) -Oncology (Chemotherapy, Molecular target therapy, Investigational new drug, etc)
Educational and Career Experiences	・ Medical staff of Toyohashi municipal Hospital, May 1996 ・ Chief physician of department of Gastroenterology, Komaki municipal Hospital, April 2000 ・ Chief physician of department of Gastroenterology, Aichi Cancer Center, October 2001 ・ Nagoya University Graduate School of Medicine, 2002 ・ Chief physician of department of Gastroenterology, Aichi Cancer Center, April 2008 ・ Director of department of Gastroenterology, Aichi Cancer Center, April 2016

Dr. Diana A. Payawal
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MAFLD-Related Hepatocellular Carcinoma: From Mechanistic Insight to Risk-Stratified Prevention

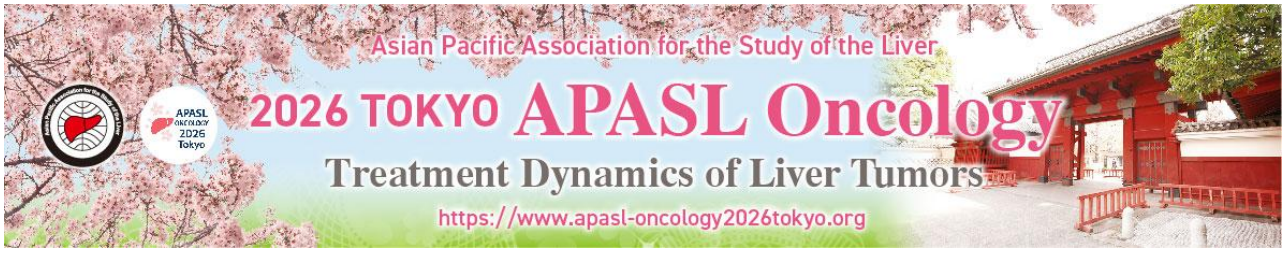
Metabolic dysfunction–associated fatty liver disease (MAFLD) has rapidly emerged as a dominant driver of hepatocellular carcinoma (HCC), reflecting the global rise in obesity, insulin resistance, and type 2 diabetes mellitus. As viral hepatitis–related HCC declines in regions with effective antiviral programs, MAFLD now represents the fastest growing etiology of primary liver cancer. Importantly, MAFLD-associated HCC exhibits distinct clinical and biological characteristics, including a substantial proportion—up to 30–40%—occurring in the absence of cirrhosis. This paradigm shift challenges traditional surveillance frameworks that are largely cirrhosis-centric.

The pathobiology of MAFLD-related HCC is rooted in chronic metabolic stress. Insulin resistance promotes hepatic lipotoxicity, mitochondrial dysfunction, and excessive reactive oxygen species production, leading to genomic instability. Persistent inflammatory signaling through TNF-α, IL-6, and NF-κB pathways sustains hepatocyte injury and compensatory proliferation. Concurrent activation of hepatic stellate cells and extracellular matrix remodeling generates a fibrogenic microenvironment that facilitates oncogenesis. Additional modulators include gut microbiome dysbiosis with endotoxin-mediated Toll-like receptor activation and host genetic variants such as PNPLA3 I148M, which independently increase HCC susceptibility. Collectively, MASLD-HCC may be conceptualized as a metabolically driven malignancy arising from chronic inflammatory and fibrotic signaling rather than viral oncogenic integration.

Risk stratification remains central to clinical management. Advanced fibrosis (F3–F4) is the strongest determinant of HCC risk, but diabetes independently confers a two- to four-fold increased incidence even after adjusting for fibrosis stage. Older age, male sex, visceral adiposity, and persistent metabolic dysfunction further amplify risk. Noninvasive assessment tools—including FIB-4, transient elastography, and enhanced liver fibrosis (ELF) scoring—provide pragmatic strategies for identifying patients who warrant surveillance. Current practice guidelines recommend semiannual ultrasound with or without alpha-fetoprotein in MAFLD cirrhosis, while emerging evidence supports individualized consideration of surveillance in selected patients with advanced fibrosis.

Beyond detection, prevention is increasingly recognized as a realistic objective. Sustained weight reduction of ≥10% is associated with histologic improvement and fibrosis regression, which may attenuate oncogenic progression. Pharmacologic interventions targeting metabolic and inflammatory pathways demonstrate promising chemopreventive signals. Metformin and statins have shown consistent associations with reduced HCC risk in large observational cohorts. GLP-1 receptor agonists and SGLT2 inhibitors improve steatosis, insulin resistance, and fibrogenic activity, with accumulating data suggesting potential reductions in HCC incidence. Novel thyroid hormone receptor-β agonists and antifibrotic agents further expand the therapeutic horizon.

In summary, MAFLD-related HCC represents a shifting oncologic landscape characterized by metabolic pathogenesis, heterogeneous fibrosis-dependent risk, and opportunities for proactive intervention. Integrating mechanistic insight with risk-stratified surveillance and metabolic therapy may fundamentally redefine liver cancer prevention in the coming decade.



Curriculum Vitae

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Current Position, Department, Affiliation	· Professor II, Fatima University Medical Center · Chair, Department of Internal Medicine, Fatima University Medical Center-Valenzuela · Chair, Liver Committee, Section of Gastroenterology, Cardinal Santos Medical Center · Chairperson, World Congress of Internal Medicine-MANILA 2024-2028 · Member, Nomination Committee, World Gastroenterology Organization (2026-2028) · Member, Steering Committee, Asian Pacific Study of the Liver
Areas of Interest	Liver Cancer, Metabolic Associated Fatty Liver Disease, Leadership in Medicine
Educational and Career Experiences	· Diploma Certificate, Leadership in HealthCare Management, Harvard Medical School (scholarship) · Diploma, Tropical Medicine and Infectious Diseases, Southeast Asian Ministry of Education Organization (scholarship) · Fellowship, Hepatology, Interventional Sonology and Digestive Endoscopy, University of Tokyo, Tokyo, Japan (scholarship) · Fellowship training in Gastroenterology and Digestive Endoscopy. University of Santo Tomas, Philippines **Past President Positions:** · Philippine College of Physicians · Asian Pacific Association for the Study of the Liver · Hepatology Society of the Philippines · Philippine Society of Gastroenterology · Director, Asian Pacific Digestive Week Federation 2024-2026
Honors and Awards	· First Distinguished Clinician Award 2026, to be given by Philippine Society of Gastroenterology (65th anniversary) · PRESIDENTIAL AWARD, Philippine Society 0f Gastroenterology 2026 · Clinical Educator Award, 2025, Fatima University Medical Center · CES Awards 2025 under the Asia's Impact Advocates award category · Presidential Award, Philippine College of Physicians, 2024 for outstanding work in Liver Disease and Viral Hepatitis · Fellow Emeritus, Philippine Society of Digestive Endoscopy · 2023 Recognition Award, Cardinal Santos Medical Center, Teacher-Healer Award · Finalist, Jose Rizal Memorial Award, Philippine Medical Association. · Scholarship Award for Leadership in Medicine-Harvard Medical School Certificated Diploma (1-year Programme) 2021-2022 · Life Fellow, Philippine College of Physicians · Fellow Emeritus, Philippine Society of Digestive Endoscopy · Fellow Emeritus, Philippine Society of Gastroenterology · Honorary Fellow, Malaysia College of Internal Medicine, 2024 · Honorary Fellow, Thailand College of Internal Medicine, 2024 · Honorary Fellow, Indonesia College of Internal Medicine, 2025 · Fellow, American College of Physicians, 2025

Dr. Takuma Nakatsuka
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Japan

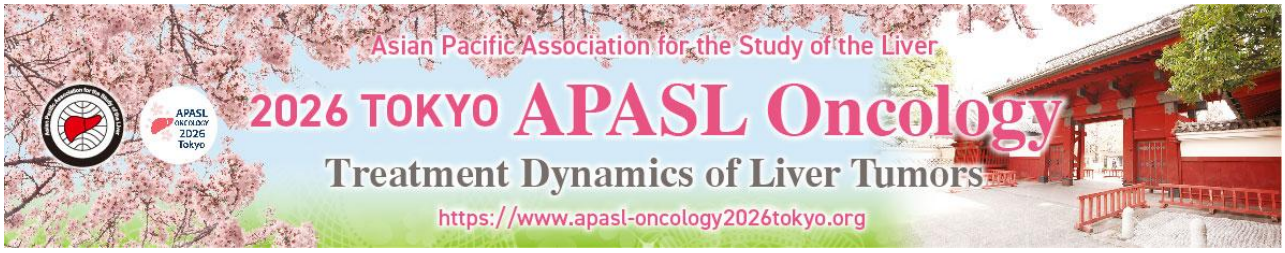
Synergistic AI Approaches for Precision HCC Risk Stratification in MASLD: From Digital Pathology to Clinical Trajectory Prediction

In clinical management of metabolic dysfunction-associated steatotic liver disease (MASLD), identifying patients at high risk for hepatocellular carcinoma (HCC) is a major challenge. While liver fibrosis is the most established risk factor, conventional staging systems often lack the precision to account for the diverse clinical courses observed in individual patients. This presentation discusses two complementary approaches developed using the STEALTH study (the STEAtotic Liver registry for invesTigating clinical outcomes including HCC), a nationwide multicenter registry in Japan. These models aim to refine HCC risk stratification through both pathological and clinical dimensions by applying artificial intelligence methodologies.

The first approach uses a deep learning model to analyze H&E-stained digital pathology from liver biopsies. A crucial aspect of this study is that the biopsies were performed at the time of initial MASLD diagnosis, often several years before HCC development. The objective was to identify subtle histological features in the background liver tissue that predispose patients to future malignancy. The model identifies specific cellular alterations that extend beyond traditional fibrosis staging. Saliency mapping indicates that features such as nuclear atypia, a high nuclear-cytoplasmic ratio, and changes in lipid droplet morphology within the background liver serve as early indicators of malignant potential. This allows for the identification of high-risk signatures even in patients with mild fibrosis, who might otherwise be considered at low risk under current surveillance guidelines.

In addition to these pathological insights, we developed a machine learning-based model to provide a non-invasive tool for predicting individualized HCC risk in a clinical setting. Using longitudinal data from the STEALTH registry, this model calculates personal risk trajectories over time based on routine parameters such as platelet count, albumin, and age. This approach successfully differentiates distinct risk levels among patients categorized within the same advanced fibrosis stage, addressing the limitations of linear statistical models in capturing the multifactorial nature of MASLD.

These two methodologies, derived from a robust Japanese cohort, provide a dual-layered strategy for HCC prevention. While digital pathology offers insights into the hidden pathophysiology of the background liver long before carcinogenesis, the clinical model provides a practical tool for real-time risk assessment. Together, these tools support a transition toward more personalized surveillance and early intervention for patients with MASLD.



Curriculum Vitae

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Current Position, Department, Affiliation	Assistant Professor, Department of Gastroenterology, The University of Tokyo	
Areas of Interest	Steatotic liver disease Hepatocellular carcinoma Liver fibrosis	
Educational and Career Experiences	2006 2015 2006-2007 2008-2010 2015-2016 2017-	M.D., Faculty of Medicine, The University of Tokyo, Japan Ph.D., Graduate School of Medicine, The University of Tokyo, Japan Clinical Resident in Internal Medicine, Kanto Central Hospital, Tokyo, Japan. Clinical Resident in Internal Medicine, Mitsui Memorial Hospital, Tokyo, Japan Post-doctoral fellow and medical staff, Department of Gastroenterology, The University of Tokyo, Japan Assistant Professor, Department of Gastroenterology, The University of Tokyo, Japan
Honors and Awards	2018 2020 2021 2021 2022 2022 2025	Academic Incentive Award, Japanese Society of Molecular Medicine Research Incentive Award, The Japan Society of Hepatology Research Incentive Award, The Japan Society of Ultrasonics in Medicine (JSUM) Investigator Award, APASL Oncology 2021 Research Incentive Award, The Japanese Society of Gastroenterology Best of The Liver Meeting, AASLD 2022 Rising Star Award, The 9th Joint Session between TDDW-JDDW-KDDW

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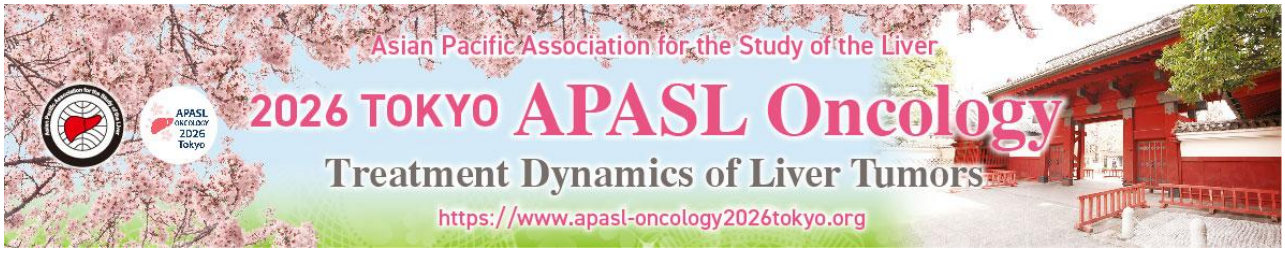
Fibrosis, Stiffness Dynamics, and Cancer Risk: Lessons from MASLD Clinical Practice

Metabolic dysfunction–associated steatotic liver disease (MASLD) has emerged as one of the most prevalent causes of chronic liver disease worldwide and may progress to metabolic dysfunction–associated steatohepatitis (MASH) and advanced fibrosis, ultimately leading to cirrhosis and hepatocellular carcinoma (HCC). Across disease stages, fibrosis severity is the principal determinant of liver-related outcomes, including HCC risk.

Recent phase 2 and 3 trials of incretin-based therapies have demonstrated histological improvements in steatohepatitis and fibrosis in patients with MASH. Consistent with these findings, in our real-world cohort of patients with MASLD and type 2 diabetes mellitus (T2DM) treated with semaglutide or tirzepatide, significant longitudinal reductions in liver stiffness were observed alongside improvements in body weight, glycemic control, and liver enzymes.

These advances underscore the importance of accurately identifying advanced fibrosis for both prognostic assessment and therapeutic intervention. Using data from a nationwide, multicenter cohort of biopsy-confirmed MASLD, we evaluated the performance of a stepwise non-invasive risk stratification pathway in Japanese patients, incorporating FIB-4 followed by second-line assessment with the enhanced liver fibrosis (ELF) test or vibration-controlled transient elastography (VCTE). This approach demonstrated effective risk stratification for advanced fibrosis and supports the use of ELF as a pragmatic option where VCTE is not readily available. Importantly, in individuals with T2DM, a high-risk population for disease progression and HCC, advanced fibrosis may be misclassified as low risk at the initial FIB-4 step, thereby limiting subsequent risk refinement within conventional sequential pathways. Extending second-line ELF or VCTE assessment beyond the intermediate-risk category may improve detection of advanced fibrosis within this stepwise screening framework.

As pharmacotherapies for MASH begin to enter clinical practice, non-invasive tests will need to expand their role beyond risk stratification to support the identification of patients with at-risk MASH (stage ≥F2) eligible for therapeutic intervention, as well as the longitudinal monitoring of treatment response. Whether improvements in non-invasive fibrosis surrogates observed during therapy translate into modification of long-term clinical outcomes remains to be determined in prospective studies.



Curriculum Vitae

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Areas of Interest	MASLD/MASH, Cirrhosis
Educational and Career Experiences	2010 Graduated from Nippon Medical School 2010 Resident, Nippon Medical School Chiba Hokusoh Hospital 2012 Joined the Department of Gastroenterology, Nippon Medical School 2022 Lecturer, Department of Gastroenterology, Nippon Medical School
Honors and Awards	2025 Scholarship Award, Nippon Medical School 2024 High Impact Publication Award, Nippon Medical School 2022 Medical Research Grant, Alumni Association of Nippon Medical School

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Mie University, Japan

Molecular Mechanisms of MASLD-related Hepatocarcinogenesis and Therapeutic Interception

MASLD–related HCC arises through multiple pathways shaped by chronic metabolic stress. Two principal carcinogenic routes have been proposed. One is the classical inflammation-driven pathway, where hepatocyte injury from lipotoxicity and oxidative stress leads to persistent inflammation, fibrosis progression, and eventual malignant transformation. The other is a more direct route in which oxidative and metabolic stress themselves promote genomic instability and oncogenic signaling, even in the absence of marked inflammation. A distinctive feature of MASLD-associated hepatocarcinogenesis is the sustained metabolic stress that imposes strong selective pressure on hepatocytes. This environment favors clonal expansion of hepatocytes that gain survival advantages through metabolic reprogramming, including altered lipid handling, redox adaptation, and resistance to cell death. Given this multifactorial complexity, MASLD-HCC requires an integrated approach that captures both cellular metabolism and the surrounding microenvironment. We have therefore undertaken studies using AI-based pathology, multi-omics profiling, and metabolic characterization of hepatocytes to stratify heterogeneous MASLD patients and identify actionable pathways for precision medicine. In this presentation, I will introduce part of our recent work elucidating the mechanisms of MASLD-related hepatocarcinogenesis.

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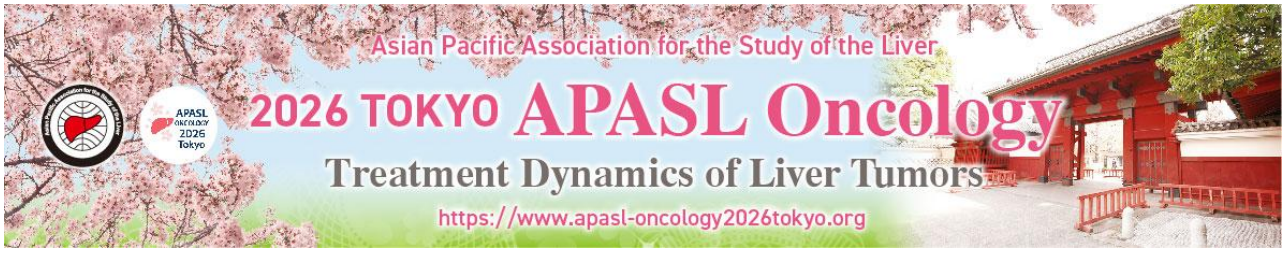

Curriculum Vitae

Name	Hayato Nakagawa
Current Position, Department, Affiliation	Professor and Chairman, Department of Gastroenterology and Hepatology, Mie University
Areas of Interest	Hepatobiliary Cancer, Steatotic liver disease
Educational and Career Experiences	**Education** 2000 M.D. Mie University, School of Medicine 2009 Ph.D. The University of Tokyo, Graduate School of Medicine **Current and Past Positions** 04/2000 Resident, Mitsui Memorial Hospital 06/2005 Medical Doctor, Department of Gastroenterology, The University of Tokyo Hospital 06/2011 Postdoctoral fellow, University of California, San Diego 04/2013 Assistant Professor, Department of Gastroenterology, The University of Tokyo Hospital 04/2019 Specially Appointed Lecturer, Department of Gastroenterology, The University of Tokyo Hospital 08/2021- Professor and Chairman, Department of Gastroenterology and Hepatology, Mie University
Honors and Awards	2012 AASLD, Fellow Research Award 2014 ILCA, Junior Investigator Award 2016 APASL, Presidential Award 2017 JDDW, Rising Star Award

Dr. Takumi Kawaguchi
Professor and Chairman
Division of Gastroenterology, Department of Medicine,
Kurume University School of Medicine, Japan

Pharmacologic Prevention of MASLD-related HCC: From SGLT2 Inhibitors to Next-generation Metabolic Modulators

MASLD is becoming a leading cause of hepatocellular carcinoma (HCC). Therefore, establishing chemopreventive strategies for MASLD-related HCC is an urgent unmet need. While lipophilic statins, aspirin, and metformin show potential, their use specifically for chemoprevention requires further validation regarding safety and optimal dosing.

Currently, Sodium-glucose cotransporter 2 inhibitors (SGLT2i) are pivotal in modifying the natural history of MASLD. Our translational research identified that SGLT2 is expressed in hepatocytes of patients with chronic liver disease, where it interacts with metabolic and inflammatory factors. Mechanistically, our multi-omics analysis revealed that SGLT2i suppresses HCC cell proliferation by modulating metabolic reprogramming, specifically altering mitochondrial oxidative phosphorylation and fatty acid metabolism. Clinically, our nationwide database study demonstrated that SGLT2i significantly improved fibrosis markers and reduced major life-threatening events, including esophageal varices and extrahepatic cancer, compared to DPP-4 inhibitors.

In addition to SGLT2i, the therapeutic horizon is rapidly expanding. Next-generation incretin-based therapies, including GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists, have demonstrated profound efficacy in weight loss and improvement of hepatic fibrosis. Moreover, glucagon receptor/GLP-1 receptor agonists and FGF-21 analogs are emerging as potent agents. These therapies not only improve systemic metabolism but also target mitochondrial function and reduce lipotoxicity, thereby directly mitigating hepatic fibrosis, the strongest predictor of hepatocarcinogenesis.

Looking further ahead, the era of molecular precision medicine approaches. Emerging data indicate that microRNAs (miRNAs) are master regulators of hepatic fibrosis and carcinogenesis, controlling gene expression related to inflammation and cell proliferation. Therapeutic modulation of specific miRNAs using synthetic mimics or inhibitors represents a novel frontier to halt the transition from steatohepatitis to HCC.

In conclusion, the pharmacologic prevention of MASLD-related HCC is evolving from observational associations to mechanistic-based interventions. The integration of SGLT2 inhibitors, emerging incretin receptor agonists, glucagon receptor agonists, and FGF-21 analogs, as well as future molecular targets, holds the promise of a comprehensive, personalized preventive strategy.

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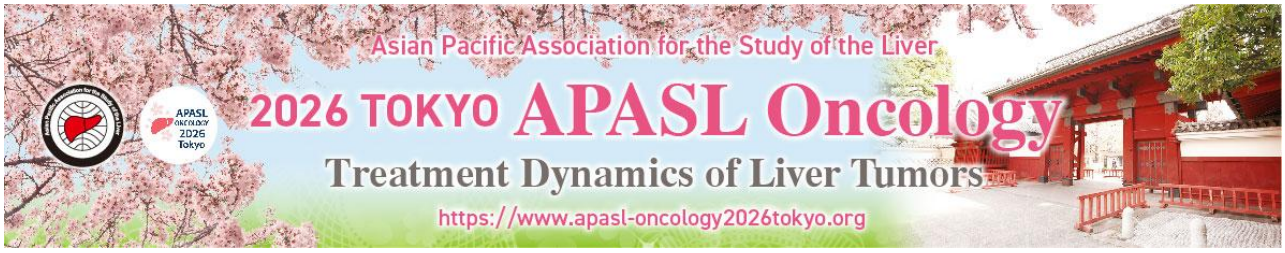


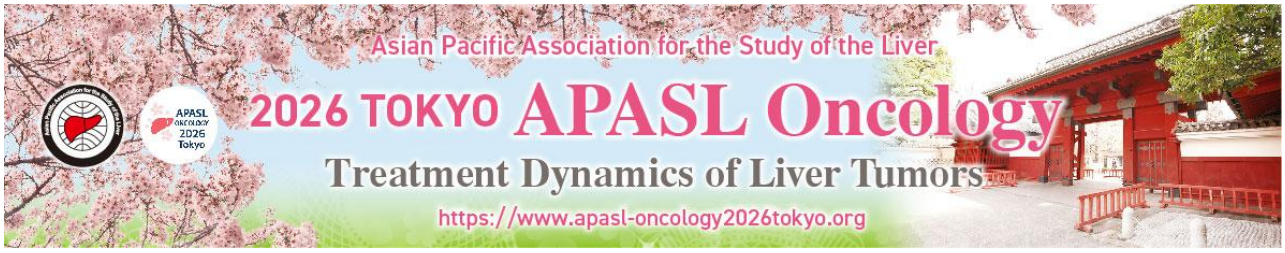
Curriculum Vitae

Name	Takumi Kawaguchi
Current Position, Department, Affiliation	Professor and Chairman Division of Gastroenterology, Department of Medicine, Kurume University School of Medicine
Areas of Interest	Steatotic liver disease
Educational and Career Experiences	1989-1995 Kurume University School of Medicine (M.D.), Kurume, Japan 1995-1999 Kurume University Graduate School of Medicine (Ph.D.), Kurume, Japan 1999 Post-doctoral fellow, Kurume University School of Medicine, Kurume, Japan 2000-2002 Research fellow, University of Texas, Southwestern Medical Center, Dallas, TX, USA. 2020 Associate Prof. Division of Gastroenterology, Department of Medicine, Kurume University School of Medicine, Kurume, Japan 2022 Professor and Chairman, Division of Gastroenterology, Department of Medicine, Kurume University School of Medicine, Kurume, Japan
Honors and Awards	9th Liver Forum in Kyoto - Research Encouragement Award 2002 Hepatology Research Award by the Japan Society of Hepatology 6th Urso Award 7th Ajinomoto Award - Excellence in Research by the Japan Society of Hepatology 12th Fukuoka Medical Association Special Award 2025 Hepatology Research High Citation Award

Dr. George K.K. Lau
Chairman and Senior Consultant in Gastroenterology and Hepatology,
Humanity and Health Medical Group,
Hong Kong SAR, China

Systemic Therapy for Unresectable Hepatocellular Carcinoma-2026 and Beyond

In Asia-Pacific region, hepatocellular carcinoma (HCC) is a serious health threat attributing to over 600,000 deaths each year and account for over seventy percent of global cases. Clinically, the major unmet needs are recurrence after curative intent surgery or local ablation and disease progression in those with hepatocellular carcinoma not eligible for resection. In this regard, new targeted therapy and immune-checkpoint inhibitors (ICIs) have been registered as systemic therapy to address these issues. The gravity of chronic hepatitis B and C as etiology of HCC in Asia-Pacific region, is of great relevance as the response to ICIs has been suggested to be much higher, as compared to targeted therapy. In the future, further implementation of ICIs and other form of immunotherapy are expected to bring a new paradigm to the management of HCC. New insight and hence management strategy related to immune-mediated adverse events with the use of immunotherapy is also enabling one to optimize therapeutic approach to our patients with HCC. In 2026 and beyond, one is expected to see an increasing use of systemic therapy, especially those related to the ICIs to answer the unmet needs in the management of HCC, i.e. disease progression in those patients with unresectable HCC and TACE-treated patients and HCC recurrence after local ablative surgery or radiofrequency ablation and liver transplantation. With the proper use of systemic therapy, preferably with multi-disciplinary team approach with the aid of AI in the future, new hope is brought upon to prolong the overall survival with quality life to our patients with HCC. As HCC is a heterogenous disease, with variable treatment responses despite comparable clinicopathologic features, such as disease stage, tumor burden, and underlying etiology, one expects AI-driven clinical, radiological, histological and omics data analysis will allow “tailored-made” management be brought to our patients. In the future, we should aim not just to control disease progression but to bring “cure” to our patients with HCC.



Curriculum Vitae

Name	George K.K. Lau
Current Position, Department, Affiliation	1. Principal investigator, Humanity and Health Clinical Trial Center, Hong Kong SAR, China 2. Senior Consultant in Gastroenterology and Hepatology, Humanity and Health Medical Center, HKSAR China 3. Honorary Professor and Senior Consultant, Zhongshan Hospital, Fudan University, Shanghai, China
Areas of Interest	Immunotherapy for liver diseases (hepatitis B, C and hepatocellular carcinoma)
Educational and Career Experiences	Professor George Lau graduated from The Faculty of Medicine, The University of Hong Kong in 1987. After graduation, he was recruited by Prof Sir David Todd to the University Department of Medicine at Queen Mary Hospital, The University of Hong Kong. In 1992, he was awarded Hong Kong-Stanford scholarship for his further training in Gastroenterology and Hepatology at the Stanford University, USA. In 1998, he was recommended by Professor Roger Williams to be further trained in translational Hepatology at the Institute of Hepatology, University College of London (supported by the Royal Society Award). In 2002, he was promoted to Senior Lecturer and Consultant in Gastroenterology and Hepatology at Queen Mary Hospital, Hong Kong. In 2006, he was promoted to full Clinical Professor and assistant Dean, Faculty of Medicine, The University of Hong Kong. He was also well respected by his peer in academic Hepatology and was elected as 19th President of The Asian Pacific Association for the Study of the Liver (APASL) in 2008. In 2009, he founded and become Chairman and Consultant in Gastroenterology and Hepatology, Humanity and Health Medical Group, Hong Kong. Concurrently, he was appointed as the Co-director and Chair Professor at Liver disease and Transplant Center, The Fifth Medical Center of Chinese PLA General Hospital, Beijing, China, and Chief Scientist of Lishui Municipal Central Hospital, Zhejiang Province, China. Prof. Lau's research interest is immunotherapy in liver diseases. Throughout his 3 decades of research, he has published over >300 original articles (including NEJM, Lancet, J Hepatol, Hepatology and Hepatology International) with a citation of 42,000+ and a H-index of 95. Notably, Dr Lau is the lead author for the phase 3 pegylated interferon for CHB in 2005 and HIMALAYA study for HCC in 2022.
Honors and Awards	Prof. Lau has received many awards and honors, including Ten Most Outstanding Young Persons 2002 (HKSAR), HKU Medical Faculty Outstanding Research Output Award, National Science and Technology Progress Award (State Science and Technology Prizes) - Technological advancement in Chronic hepatitis B infection management, Hong Kong SAR Chief Executive's Commendation for government service, and APASL Okuda-Omata Distinguished Award. Currently, he is the senior member of steering committee of APASL, chairman of APASL Viral Elimination Task Force, and Co-Chairman of APASL Oncology Guideline, Program Director of APASL Hepatology Webinar, Faculty Member of APASL School of Hepatology, Convenor of "Highlight of Hepatology International" Webinar, and executive governance board member of The Asian-Pacific Digestive Disease Federation (APDWF).

Dr. Lai Wei
Dean and Professor,
Hepatopancreatobiliary Center, Beijing Tsinghua Changgung Hospital,
School of Clinical Medicine, Tsinghua University, Beijing,
China

Mainland China Perspective: Systemic Therapy for Hepatocellular Carcinoma: Access, Sequence, and New Combination Strategies

The burden of hepatocellular carcinoma (HCC) in Mainland China remains distinct from Western populations. With over 80% of cases due to Hepatitis B Virus (HBV) and a high prevalence of late-stage diagnosis (CNLC Stage IIb/IIIa), the China perspective emphasizes aggressive, multi-modal strategies to achieve downstaging and prolonged survival.

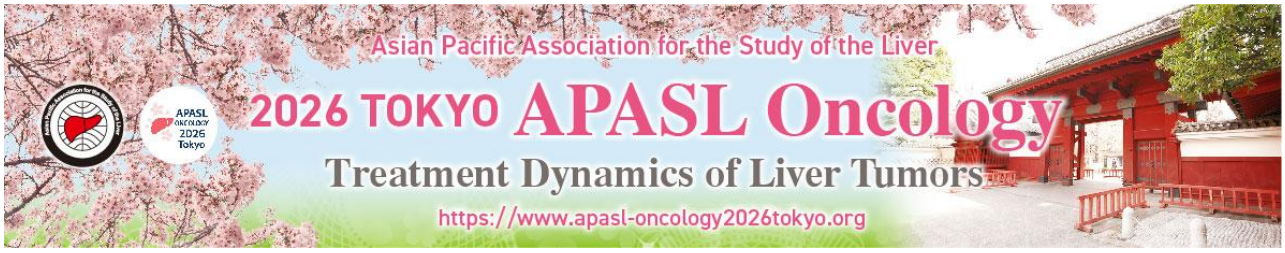
As of 2026, the accessibility of systemic therapy in Mainland China has reached a new milestone through the National Reimbursement Drug List (NRDL) and the newly implemented Commercial Health Insurance Innovative Drug Catalog. The NRDL (Basic Coverage): Includes established combinations such as Atezolizumab + Bevacizumab and domestic "me-better" drugs like Sintilimab + Bevacizumab biosimilar (IBI305) and Camrelizumab + Rivoceranib. These are now available to >95% of the population at significantly reduced costs. This new pathway (2025/2026) allows for the introduction of high-value breakthroughs—such as next-generation CAR-T therapies and novel dual-specific antibodies—without the immediate deep price cuts required by the NRDL, bridging the gap between global innovation and local affordability.

Regarding combination strategies, Mainland China has pioneered the "triple-combination" and "quadruple-combination" paradigms, moving beyond the global standard of care to address high tumor burdens. Major strategies include 1) Systemic plus Systemic focusing on high ORR and manageable safety, such as PD-1 + TKI (e.g., Camrelizumab + Rivoceranib); 2) Systemic plus Locoregional focusing on high conversion rates for unresectable HCC, such as TACE/HAIC + PD-1 + TKI; 3) Peri-operative focusing on reducing recurrence in high-risk resectable patients, such as Neoadjuvant Camrelizumab + Rivoceranib. The CARES-009 and TALENTACE trials have been pivotal in establishing these combinations as a standard for intermediate and advanced stages in the Chinese population.

With multiple first-line options, the sequencing of therapy has become a complex clinical decision. First-Line: Immuno-oncology (IO) combinations (e.g., Atezo/Bev, Durva/Treme, or Camre/Rivo) are now preferred. In China, HAIC-inclusive combinations are increasingly used as first-line for patients with bulky tumors or portal vein tumor thrombus (PVTT). Second-Line and Beyond: following progression on IO-VEGF, the choice shifts to TKIs like Regorafenib or Apatinib, or switching the IO backbone. The "re-challenge" with different checkpoint inhibitors is a topic of intense ongoing research in Chinese centers.

In the future, the focus is shifting toward: 1) Biomarker-Driven Selection: utilizing liquid biopsies and genomic profiling to predict response to IO vs. TKI; 2) novel mechanisms: Investigating TIGIT, LAG-3, and bispecific antibodies (e.g., Rilvegostomig) to overcome resistance; 3) the "Cure" Intent: Leveraging high Objective Response Rates (ORR) from combination therapies to convert "unresectable" to "resectable," aiming for long-term survival rather than mere palliation.

Therefore, Mainland China strategies must remain HBV-centric; the synergy between antiviral therapy and intensified systemic combinations is mandatory. Unlike Western palliative goals, Mainland China perspective uses systemic therapy as a bridge to surgery/ablation (Conversion Therapy).



Curriculum Vitae

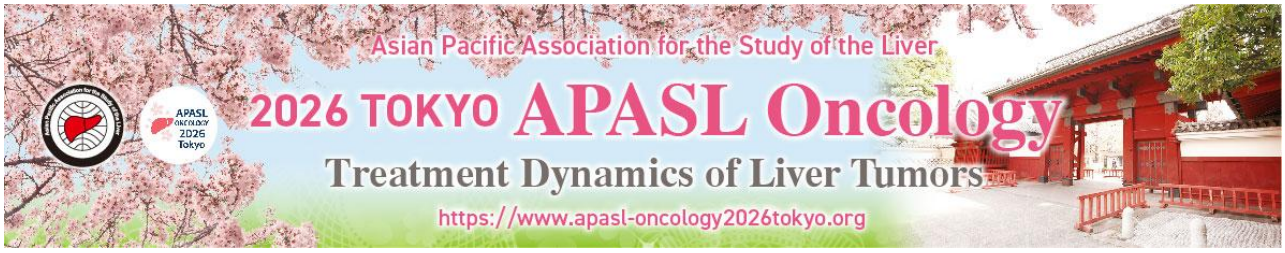
Name	Lai Wei
Current Position, Department, Affiliation	Dean and Professor, Hepatopancreatobiliary Center, Beijing Tsinghua Changgung Hospital, School of Clinical Medicine, Tsinghua University, China
Areas of Interest	NAFLD, chronic hepatitis, HCC
Educational and Career Experiences	Beijing Medical University, Ph.D Pennsylvania State University, Fellow Peking University Hepatology Institute, Director
Honors and Awards	Associate Editor, Clinical Gastroenterology and Hepatology Associate Editor, Journal of Viral Hepatitis Board, WHO hepatitis C guideline Board, APASL hepatitis C guideline Board, APASL hepatitis B guideline Board, KDIGO hepatitis C guideline

Dr. Yi-Hsiang Huang
President, Taiwan Liver Cancer Association (TLCA)
Director, Department of Medical Research,
Taipei Veterans General Hospital, Taipei, Taiwan.
Chair Professor, Institute of Clinical Medicine,
National Yang Ming Chiao Tung University, Taipei, Taiwan

Taiwan Experience: Balancing TKI, ICI, and Real-world Constraints

The treatment landscape for advanced hepatocellular carcinoma (aHCC) in Taiwan has entered a sophisticated era defined by the integration of immunotherapy combinations. However, clinical practice remains heavily dictated by the specific reimbursement framework of the Taiwan National Health Insurance (NHI) system. Under current regulations, eligibility for first-line (1L) systemic therapy is strictly defined: patients must be TACE-refractory (failing three procedures within 12 months) or present with advanced disease characterized by macrovascular invasion (VP2–VP4) or extrahepatic spread. While the inclusion of 1L immune checkpoint inhibitor (ICI) combinations—such as Atezolizumab plus Bevacizumab and Tremelimumab plus Durvalumab—marks a significant milestone, a major "real-world constraint" persists: the absence of NHI reimbursement for second-line (2L) therapy following ICI failure. Currently, 2L Regorafenib is reimbursed exclusively for patients who previously failed 1L Sorafenib. In real-world practice, Lenvatinib is the most common 2L choice following ICI progression, though sequential ICI-after-ICI strategies are occasionally attempted despite the lack of formal coverage.

The absence of universal biomarkers for ICI selection further necessitates a nuanced clinical approach. To bridge these systemic gaps, the "Taiwan Strategy" frequently employs a multimodal approach—synergizing systemic agents with locoregional treatments such as TACE or advanced external radiotherapy, including Proton Beam Therapy and Carbon Ion Radiotherapy (CIRT). The Taiwan experience highlights a high-standard clinical environment defined by a "reimbursement cliff" post-ICI failure.



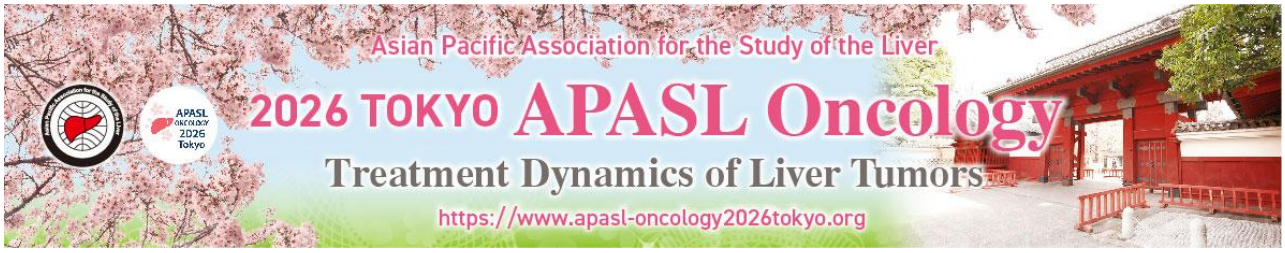
Curriculum Vitae

Name	Yi-Hsiang Huang
Current Position, Department, Affiliation	President, Taiwan Liver Cancer Association (TLCA). Director, Department of Medical Research, Taipei Veterans General Hospital, Taipei, Taiwan. Chair Professor, Institute of Clinical Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan
Areas of Interest	Prof. Huang's research focuses on translational researches on viral hepatitis and hepatocellular carcinoma (HCC), as well as comprehensive HCC treatment strategies spanning locoregional to systemic therapies.
Educational and Career Experiences	Prof. Huang completed his medical degree and PhD at National Yang Ming University. He further honed his research expertise as a fellow at the Vaccine Branch of the National Cancer Institute, National Institutes of Health (NIH), USA, from 2006 to 2007. In 2011, he was appointed full professor at NYCU's Institute of Clinical Medicine and has held the position of Chair Professor since August 2022. Prof. Huang holds several key leadership roles, including: **Council Member** Asia-Pacific Primary Liver Cancer Expert Association (APPLE) since July 2023 **Executive Committee Member** Taiwan Association for the Study of the Liver (TASL) since September 2023 Prof. Huang served as Chief of the Division of Gastroenterology and Hepatology at Taipei Veterans General Hospital from 2017 to 2023 and as Director of the Healthcare and Services Center from 2023 to 2025. Prof. Huang has chaired major national and international conferences, including the 2019 TASL Annual Meeting, 2020 TLCA Annual Meeting, 2023 Gastroenterological Society of Taiwan (GEST) Annual Meeting, and Chairman, 2025 Asia Pacific Association for the Study of the Liver (APASL) Single Topic Conference (STC) on Oncology
Honors and Awards	Prof. Huang's exceptional contributions have been recognized with numerous honors, such as the Academic Award from Prof. JL Sung's Research Foundation, physician research scholarships from Academia Sinica, merit scholarships from the National Science Council, the 2023 National Innovation Award, and the 2024 National Healthcare Quality Award.

Dr. Yoshinari Asaoka
Professor, Department of Medicine,
Teikyo University School of Medicine,
Japan

Systemic Therapy for Advanced Hepatocellular Carcinoma in the Era of Combination Immunotherapy: Real-world Treatment Sequences and Outcomes from the HERITAGE Study

Background: Since 2023, the combination of durvalumab plus tremelimumab (DT) has joined atezolizumab plus bevacizumab (AB) as a first-line systemic therapy for advanced hepatocellular carcinoma (HCC). This study aimed to evaluate the real-world utilization, treatment sequences, and therapeutic outcomes of systemic therapies in Japan using the HERITAGE (Hepatoma Registry of Integrating and Aggregating EHR) database.
Methods: The HERITAGE study is a multicenter registry of patients receiving systemic therapy at institutions affiliated with the Japan Liver Cancer Association. We analyzed 1st, 2nd, and 3rd-line treatments initiated between January 2023 and December 2024. Objective response rate (ORR) and disease control rate (DCR) were calculated based on RECIST v1.1 for evaluable cases. Second-line efficacy was analyzed for sequences with more than 10 cases.
Results: A total of 1,016 patients (1,388 treatment lines) were enrolled. The distribution of agents (AB / DT / durvalumab [D] / lenvatinib [LEN] / sorafenib [SOR] / cabozantinib / ramucirumab / regorafenib) was as follows:
· 1st-line: 604 / 120 / 48 / 237 / 7 / 0 / 0 / 0
· 2nd-line: 63 / 54 / 9 / 124 / 8 / 8 / 2 / 1
· 3rd-line: 12 / 22 / 2 / 19 / 4 / 12 / 6 / 1
Efficacy Outcomes:
· 1st-line (ORR/DCR): AB (30%/76%), DT (31%/62%), D (22%/58%), LEN (33%/76%).
· 2nd-line (ORR/DCR) by Sequence: AB after DT: 29%/79%
AB after LEN: 24%/64%
DT after AB: 7%/41%
DT after LEN: 33%/42%
LEN after AB: 23%/59%
LEN after DT: 17%/75%
Conclusion: Following its introduction, DT is being utilized in both first-line and subsequent settings. While treatment outcomes appear to vary depending on the specific sequence of AB, DT, and LEN, the current sample sizes for certain sequences remain limited. As the importance of optimal treatment sequencing grows in the era of combination immunotherapy, further accumulation and analysis of real-world data are essential.



Curriculum Vitae

Name	Yoshinari Asaoka	
Current Position, Department, Affiliation	Professor, Department of Medicine Teikyo University School of Medicine	
Areas of Interest	Hepatocellular carcinoma Systemic therapy Local ablation therapy	
Educational and Career Experiences	1999 1999-2000 2000-2002 2006 2009-2018 2018- 2025-present	Graduate from The University of Tokyo (MD). Department of Internal Medicine, The University of Tokyo Hospital, Japan. Department of Internal Medicine, Mitsui Memorial Hospital, Japan. Graduate from Graduate School of Medicine, the University of Tokyo (PhD). Assistant Professor, Department of Gastroenterology, The University of Tokyo Hospital, Japan. Associate Professor, Department of Medicine, Teikyo University School of Medicine, Japan. Professor, Department of Medicine, Teikyo University School of Medicine, Japan.
Honors and Awards	2016 2018 2024	APASL Tokyo: presidential award APASL STC Yokohama: presidential award APASL Kyoto: presidential award

Dr. Sadahisa Ogasawara
Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University, Japan

How Do We Sequence Systemic Therapy in Daily Practice?

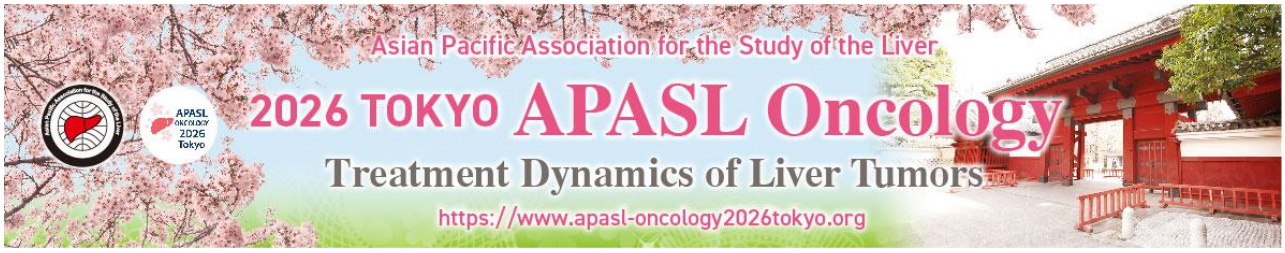
Systemic therapy for advanced hepatocellular carcinoma (HCC) has evolved substantially in recent years. Since 2020, combination immunotherapy has become the standard first-line approach. Atezolizumab plus bevacizumab, nivolumab plus ipilimumab, and durvalumab plus tremelimumab are now widely used. In several Asian countries, camrelizumab plus rivoceranib and sintilimab plus bevacizumab biosimilar are incorporated into routine practice. Despite regional differences, the underlying strategy is shared: PD-1 or PD-L1 blockade combined with either VEGF inhibition or CTLA-4 blockade.

The difficulty emerges after disease progression. No clear sequencing strategy has been established beyond first-line combination therapy. VEGF-targeted tyrosine kinase inhibitors, including sorafenib, lenvatinib, regorafenib, and cabozantinib, remain key options. Rechallenge with immune checkpoint inhibitors or alternative immune-based regimens may also be considered. Yet most available evidence derives from single-arm studies or real-world analyses, and direct comparative data are limited. As a result, treatment decisions are guided by prior drug exposure, toxicity profiles, pattern and pace of progression, and clinical judgment.

HCC presents a distinct challenge because it arises in the context of chronic liver disease. Preserving hepatic functional reserve is therefore central to any sequencing strategy. Tumor progression, cumulative treatment effects, and immune-related liver injury can all compromise liver function. Once ALBI grade deteriorates or Child–Pugh class declines, therapeutic options become restricted. Sequencing is not solely about selecting the next active agent; it is about sustaining liver function to keep future treatments feasible.

In daily practice, a pragmatic framework is useful. Initiate combination immunotherapy in patients with preserved liver function and adequate performance status. At progression, select an agent with a different mechanism of action and reassess liver function carefully before each transition. Monitor ALBI score and overall clinical status throughout treatment. Avoid compromising hepatic reserve early in the disease course. The objective extends beyond achieving response; it is to preserve the opportunity for subsequent therapy.

Prospective studies are needed to define optimal sequencing. Until such data are available, careful evaluation and measured decision-making remain fundamental in the management of advanced HCC.



Curriculum Vitae

Name	Sadahisa Ogasawara
Current Position, Department, Affiliation	Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University
Areas of Interest	Hepatocellular carcinoma
Educational and Career Experiences	**Education** Chiba University School of Medicine, Chiba, Japan (2004) **Career** Assistant professor, Department of Medicine and Clinical Oncology, Graduate School of Medicine, Chiba University (2013–2016) Assistant professor, Clinical research center, Chiba University Hospital (2016–2018) Assistant professor, Translational Research and Development Center, Chiba University Hospital (2018–2022) Associate professor, Department of Gastroenterology, Graduate School of Medicine, School of Medicine, Chiba University (2022–Present)
Honors and Awards	The Best Presenter Award in International Session (JDDW 2018) Young Investigator Award（JDDW 2019） Gilead's Research Scholars Program Liver Disease Awards (2021) The Best Presenter Award in International Session (JDDW 2025)

Dr. Takahiro Kodama
Professor and Chairman, Department of Gastroenterology and Hepatology,
Graduate School of Medicine, The University of Osaka,
Japan

Systemic Therapy Biomarkers: Translating Molecular Signatures into Clinical Decisions

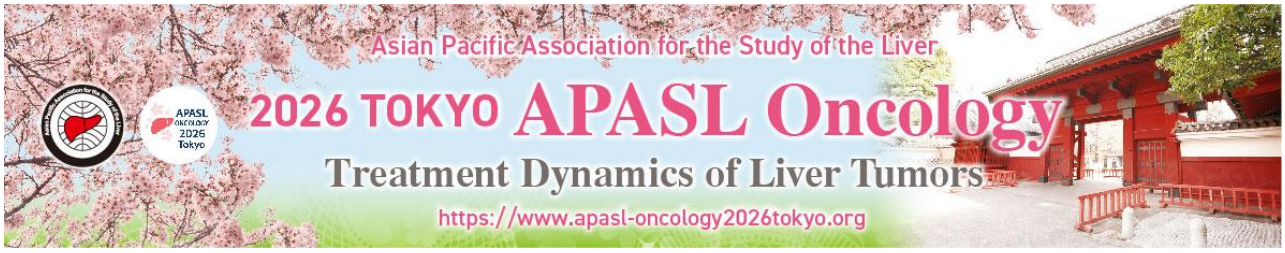
The approval of multiple immune-based regimens for advanced hepatocellular carcinoma (HCC), including atezolizumab plus bevacizumab (Atez/Bev), durvalumab plus tremelimumab (Dur/Tre), and nivolumab plus ipilimumab (NIV/IPI), has created new opportunities for personalized therapy while simultaneously increasing the need for robust biomarkers that can guide optimal regimen selection. Our recent studies integrate tumor-intrinsic biology, circulating biomarkers, and systemic immune profiling to construct a translational framework for precision immunotherapy in HCC.

At the tumor level, we demonstrated that aberrant activation of the NRF2 pathway induces a metabolically driven, immunologically COLD microenvironment characterized by p62 accumulation, COX2/PGE2 signaling, and restricted lymphocyte infiltration. These findings reveal a mechanistic basis for resistance to immune checkpoint–based combination therapy and identify the NRF2–COX2 axis as a targetable pathway with potential therapeutic implications across current systemic regimens.

Complementing these tumor-intrinsic mechanisms, our work on circulating Carbonic Anhydrase IX (CAIX) established this marker as a non-invasive predictor of resistance to Atez/Bev. Elevated plasma CAIX reflects hypoxia-driven tumor biology and correlates with poor outcomes, while CAIX itself represents a candidate therapeutic target. This study highlights how blood-based biomarkers can capture dynamic features of tumor physiology that influence response to immunotherapy.

To understand systemic immune correlates of treatment efficacy, we performed single-cell transcriptomic and TCR repertoire profiling of peripheral blood mononuclear cells from patients receiving Atez/Bev or Dur/Tre. This analysis identified distinct immunological programs associated with each regimen. Responders to Atez/Bev exhibited coordinated activation of monocytes and NK cells, suggesting an innate cytotoxic mechanism of action. In contrast, responders to Dur/Tre showed activation of monocytes and reprogramming of $CD8^+$ memory T cells into an effector-ready state, consistent with CTLA-4–mediated enhancement of T-cell priming. TCR repertoire features, including baseline diversity and clonal expansion, further emerged as potential predictors uniquely relevant to regimens containing CTLA-4 blockade, thereby offering mechanistic insight that likely extends to NIV/IPI as well.

Taken together, these three studies provide complementary perspectives demonstrating that therapeutic responsiveness in HCC is shaped by tumor metabolic pathways, circulating biomarkers reflecting hypoxia and aggressiveness, and systemic immune architecture that differs across treatment classes. Integrating these multidimensional signatures enables a biomarker-guided approach to selecting among Atez/Bev, Dur/Tre, and NIV/IPI, advancing the development of precision immunotherapy strategies for HCC.



Curriculum Vitae

Name	Takahiro Kodama	
Current Position, Department, Affiliation	Professor and Chairman, Department of Gastroenterology and Hepatology, Graduate School of Medicine, The University of Osaka	
Areas of Interest	Liver Cancer (HCC and ICC) Chronic hepatitis B MASLD/MASH	
Educational and Career Experiences	2002 2011 2011-2012 2012-2016 2016-2025 2026-	M.D. degree from Osaka University Ph.D. degree from Osaka University Graduate School of Medicine. Postdoctoral Fellow at Department of Gastroenterology and Hepatology in Osaka University Graduate School of Medicine Postdoctoral Associate of Cancer Biology Program at The Methodist Hospital Research Institute Assistant professor, Department of Gastroenterology and Hepatology, Graduate School of Medicine, The University of Osaka current position
Honors and Awards	2025 2023 2022 2019 2016 2016 2012 2011 2011	Springer Nature Author Service Award 2025 to Scientific Reports APASL Oncology 2023 Investigator Award 12th Okita award in the JAST-HCC Early Career Investigator Award in Basic Science in The Liver Meeting (AASLD) Young Investigator's Award of Excellence in JSH Single Topic Conference AACR Scholar-in-Training Award in 10th AACR-JCA joint conference Taisho Toyama Award in West Liver Forum CHUGAI Award in The Japanese Society of Hepatology (JSH) Ph.D. with distinction at Osaka University

Dr. Ryosuke Tateishi
Associate Professor, Department of Gastroenterology
The University of Tokyo Graduate School of Medicine,
Japan

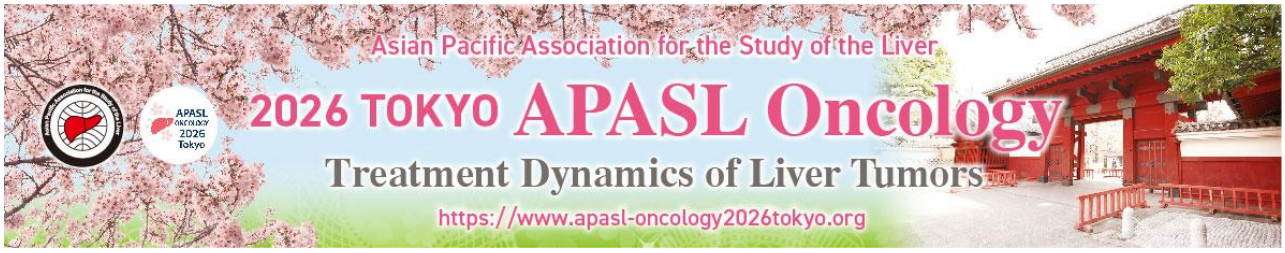
The Evolving Landscape of Systemic Therapy

Hepatocellular carcinoma (HCC) is still one of the most common causes of cancer death in the Asia–Pacific region. Among treatment options for HCC, including liver resection, transplantation, ablation, transarterial chemoembolization (TACE), and radiation therapy, systemic therapy has changed quickly in recent years. The role of systemic therapy is also moving earlier in the disease course, not only for advanced cancer but also around surgery and locoregional therapy.

For first-line treatment of unresectable or advanced HCC, immune checkpoint inhibitor (ICI)–based combination therapy is now the main standard. Atezolizumab plus bevacizumab showed a clear survival benefit compared with sorafenib and has been widely adopted in many Asia–Pacific countries. Another important option is the combination of durvalumab and tremelimumab (the STRIDE regimen), which does not require anti-VEGF therapy and can be useful in patients with a high bleeding risk or portal hypertension. Recently, nivolumab plus ipilimumab has been approved and has shown promising objective response rates and duration of response. In addition, several regimens developed and tested mainly in Asia have become important, such as sintilimab plus a bevacizumab biosimilar, camrelizumab plus rivoceranib, and tislelizumab monotherapy. These trials reflect the strong contribution of the Asia–Pacific region to global HCC research.

Second-line therapy remains necessary because many patients eventually progress after first-line treatment. In addition to tyrosine kinase inhibitors (TKIs) such as regorafenib and cabozantinib, which are supported by phase III data, lenvatinib is also widely used as a second-line regimen in Japan. Switching regimens among ICI-based combinations is also attempted in Japanese clinical practice, which is partially supported by observational studies.

Systemic therapy is also expanding into earlier stages. Combination strategies with TACE are being actively studied, and recent trials suggest improved progression-free survival when immunotherapy and anti-VEGF therapy are added to TACE, although the benefit in overall survival is still limited. In the adjuvant setting after curative resection or ablation, the benefit of ICI-based therapy has not been established despite early treatment responses. Neoadjuvant approaches using immunotherapy before surgery or transplantation are still investigational but are attracting attention, especially in high-risk patients. Overall, the treatment landscape of HCC in the Asia–Pacific region is becoming more complex, and careful sequencing and patient selection are increasingly important.



Curriculum Vitae

Name	Ryosuke Tateishi
Current Position, Department, Affiliation	Associate Professor Department of Gastroenterology The University of Tokyo Graduate School of Medicine
Areas of Interest	etiology, diagnosis, and treatment of Hepatocellular carcinoma metabolic dysfunction-associated fatty liver disease viral hepatitis liver cirrhosis
Educational and Career Experiences	**Education:** The University of Tokyo School of Medicine (1989-1995) MD The University of Tokyo Graduate School of Medicine (1998-2002) PhD **Academic and Professional Appointment:** Associate Professor, vice-chair (2020-present) Department of Gastroenterology The University of Tokyo Graduate School of Medicine Project Associate Professor (2013-2020) Department of Gastroenterology Training Program for Oncology Professionals The University of Tokyo Graduate School of Medicine Assistant Professor (2006-2013) Department of Gastroenterology, The University of Tokyo Hospital Chief Physician (2005-2006) Department of Gastroenterology Mitsui Memorial Hospital, Tokyo Medical Staff (2002-2005) Department of Gastroenterology, The University of Tokyo Hospital Resident (1996-1999) Department of Gastroenterology Mitsui Memorial Hospital, Tokyo Resident (1995-1996) Department of Medicine The University of Tokyo Hospital
Honors and Awards	Young Investigator Award (2008) Japan Society of Gastroenterology Encouragement Prize (2016 and 2020) Japan Society of Gastroenterology Top Peer Reviewer in Clinical Medicine (2018 and 2019) Web of Science Journal of Gastroenterology High Citation Award (2022)

Dr. Jinzhen Cai
Director, Organ Transplantation Center,
The Affiliated Hospital of Qingdao University, China

The Experience of Liver Transplantation for HCC in Qingdao

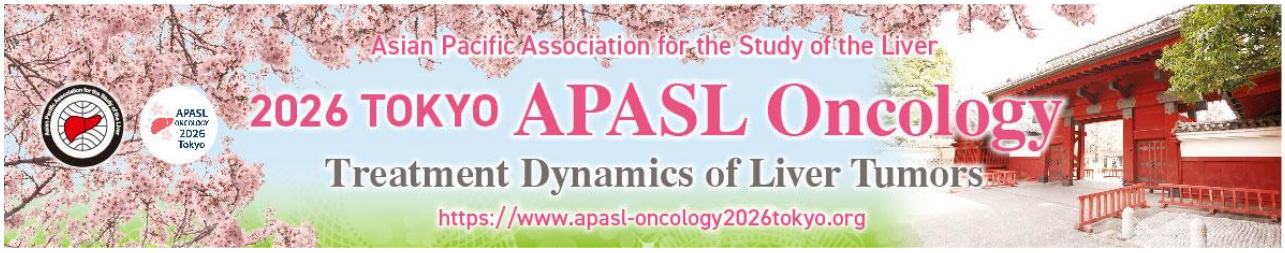
Background: Liver transplantation (LT) remains the definitive treatment for selected patients with hepatocellular carcinoma (HCC). However, recurrence and post-transplant complications like graft-versus-host disease (GVHD) continue to challenge long-term survival. This study summarizes the clinical outcomes, surgical innovations, and recent research breakthroughs from a high-volume transplant center.

Methods: We retrospectively reviewed 1,897 LT cases performed by our team, including 760 cases (40.2%) for hepatic malignancies. Key strategies evaluated included: 1) Preoperative down-staging using TACE, Y-90, or immune checkpoint inhibitors (ICIs). 2) Surgical techniques such as modified piggyback LT with vena cava plasty to minimize tumor compression. 3) Induction therapy with rabbit anti-thymocyte globulin (rATG) to prevent GVHD and manage patients previously treated with ICIs.

Results: The analysis of 1,897 LT cases, including 760 for hepatic malignancies, demonstrated a significant improvement in clinical outcomes, with the 5-year overall survival (OS) rate reaching 51.23% for the 2014-2020 cohort and the 1-year OS rising to 88.43% in recent years (2021-2022). By implementing the UNOS-DS criteria for preoperative down-staging, a success rate of over 80% was achieved, resulting in a remarkable 2-year post-LT survival rate of 95% and a low recurrence rate of 7.9%. Surgical innovation, specifically the modified piggyback LT with vena cava plasty, effectively reduced intraoperative blood loss and addressed complex cases involving severe adhesions. Furthermore, the application of ATG donor pre-treatment significantly lowered the incidence of acute graft-versus-host disease (GVHD) from 0.95% to 0.14% between 2020 and 2025. Complementing these clinical advancements, multi-omic research identified a CAF-stemness-governed molecular classification, providing a robust model for predicting high-risk recurrence beyond traditional Milan criteria and offering new insights into the personalized management of HCC patients.

Conclusion: A multidisciplinary approach—incorporating effective down-staging, individualized immunosuppression (e.g., rATG induction), and surgical refinements—significantly improves outcomes for HCC patients undergoing LT. Molecular subtyping further provides a foundation for personalized post-transplant management.

Keywords: Liver Transplantation; Hepatocellular Carcinoma; Down-staging; ATG Induction; Graft-versus-Host Disease (GVHD); Molecular Subtyping



Curriculum Vitae

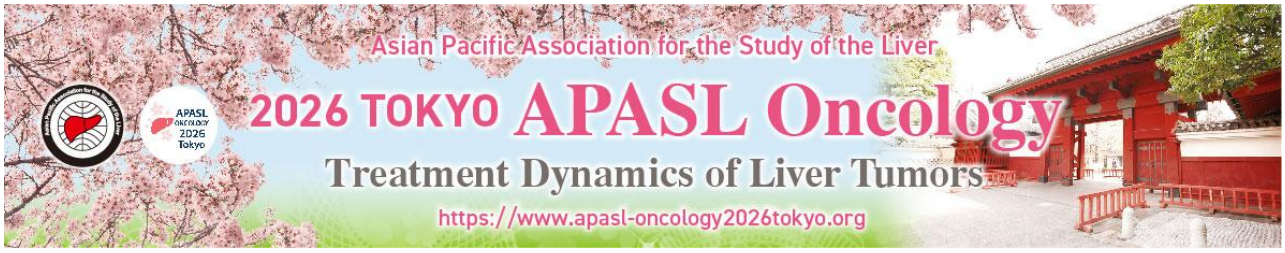
Name	Jinzhen Cai
Current Position, Department, Affiliation	Director, Organ Transplantation Center, the Affiliated Hospital of Qingdao University
Areas of Interest	Liver Transplantation, Transplant Immune, Liver Injury Repair
Educational and Career Experiences	**Educational Experience:** · Nankai University, Tianjin, China, 1993 -1998, Bachelor of Medicine · Nankai University, Tianjin, China, 1998 -2000, M.S. (Surgery) · Second Military Medical University, Shanghai, China, 2002 -2005, MD. (Hepatobiliary surgery) **Career Experiences:** · Resident Doctor/ Attending Doctor/ Associate Chief Doctor, Department of Transplant Surgery, Tianjin First Central Hospital, 2000- 2011 · Visiting Scholar, Department of Transplant Surgery, UCLA University of California, Los Angeles, 2011- 2012 · Chief Doctor/ Director, Department of Transplant Surgery, Tianjin First Central Hospital, 2012- 2021 · Director, Department of Pediatric Organ Transplantation, Affiliated Hospital of Qingdao University, 2020- 2021 · Director, Department of Organ Transplantation Center and Department of Liver Disease Center, Affiliated Hospital of Qingdao University, 2021- current · Vice President, Qingdao University Medical Group, 2021- current
Honors and Awards	The Fifth Famous Doctor of the People's Outstanding Demeanor, China National Advanced Worker in the Health Care System, China

Dr. Itsuko Chih-Yi Chen
Attending Physician, Division of General Surgery & Liver Transplantation Center, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan

Optimizing Outcomes of Living Donor Liver Transplantation for Hepatocellular Carcinoma

With the recent advances in surgical techniques, locoregional and medical therapies in the management of HCC, prognosis of patients with HCC has tremendously improved. Liver transplantation has undoubtedly become the definitive standard treatment in providing the longest overall and recurrence-free survival when performed within one of many validated criteria. In Asia, where LDLT has been more widely accepted and has flourished, we have continuously explored and produced innovative surgical techniques that have effectively expanded not only the donor pool but likewise extended recipient indications for LDLT. In recent 5 years, rather than excluding locally advanced HCC or with unfavorable histopathology, we have started to selectively utilize proton beam or Yttrium-90 radioembolization as an alternative locoregional therapy to bridge or downstage locally advanced or aggressive HCC to improve recurrence-free survival.

Our experience has demonstrated that down-staged HCC patients have similar survival outcomes to that of patients who initially fit the criteria. Attempts to achieve complete pathological response by loco-regional therapy before transplant may further improve recurrence-free survival. Powerful modern locoregional therapies like proton beam and Y-90 combined with target and/or immunotherapy may effectively bridge or downstage locally advanced or aggressive HCC in preparation for timely LDLT, with promising survival outcomes in patients with otherwise dismal prognoses.



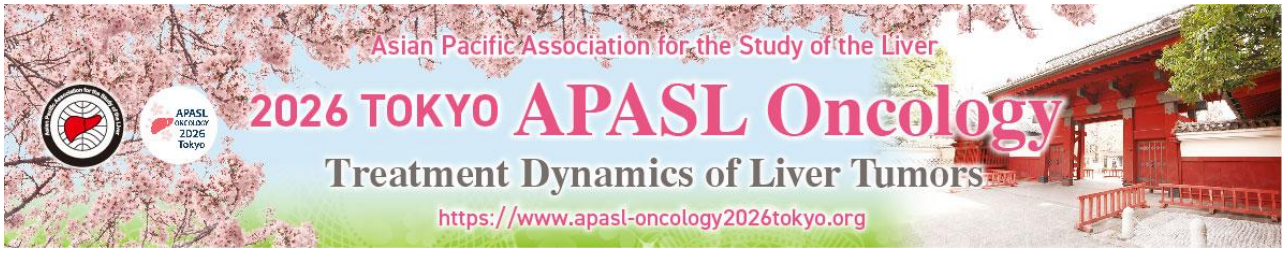
Curriculum Vitae

Name	Itsuko Chih-Yi Chen
Current Position, Department, Affiliation	Attending Physician, Division of General Surgery & Liver Transplantation Center. Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan
Areas of Interest	· Living donor liver transplantation · Hepatocellular carcinoma · Pediatric liver transplantation · Minimally invasive Surgery
Educational and Career Experiences	· Medical Degree, Taipei Medical University. Taipei, Taiwan · Masters of Science in Infectious Diseases, London School of Hygiene & Tropical Medicine. London, UK · Clinical Fellow, Liver Surgery / Pediatric Living Donor Liver Transplantation, Shanghai Jiaotong University Affiliated Renji Hospital. Shanghai, China (Mentor: Qiang Xia) · Visiting Doctor, Liver Transplantation, New York Presbyterian Hospital Columbia University Medical Center (Mentor: Jean Emond) · Research Fellow, Minimally Invasive Surgery and Research & Development, IRCAD France. Strasbourg, France (Mentor: Jacques Marescaux · Visiting Doctor, Abdominal Transplantation, Cliniques Universitaires Saint-Luc. Brussels, Belgium (Mentor: Jan Lerut)
Honors and Awards	· The 10th Biennial Congress of the Asian-Pacific-Pancreato-Biliary Association (A-PHPBA) 2025. Plenary Video Presentation Award 4th Prize. Bangkok, Thailand (2025/10/31) · Taiwan Surgical Society of Gastroenterology. 2026 National Resident Research Award Gold Prize. Taipei, Taiwan (2025/3/15) · Liver Transplantation Updates 2024. Best Abstract Award. Seoul, Korea (2024/8/30) · Taiwan Surgical Association Endoscopic Surgery Forum. Best Video Award. Kaohsiung, Taiwan (2023/3/19) · 17th Chinese National Liver Cancer Conference. Young Investigator Award 2nd Prize. Shanghai, China (2019/12/8)

Dr. Junichi Shindoh
Director and Chair, Department of Gastroenterological Surgery,
Toranomon Hospital,
Japan

How We Define Resectability of HCC in Practice

With the recent introduction of new systemic agents, there has been active discussion regarding the concept of “conversion surgery”, as a part of a multidisciplinary treatment approach for advanced hepatocellular carcinoma (HCC). However, due to the unique characteristics of HCC, clinical decisions are not as straightforward as they are for other types of cancer. Thus, it is important to acknowledge that the concept of cure is generally challenging in the context of HCC, even following curative-intent surgery. Nevertheless, evidence suggests that surgery is a potent therapeutic option for HCC and offers survival benefits for selected cases with advanced disease. The most important step in discussing the concept of conversion is defining the resectability of HCC. In this talk, our approach in defining oncological resectability of HCC, which relates to the probability of a successful surgical intervention will be discussed.



Curriculum Vitae

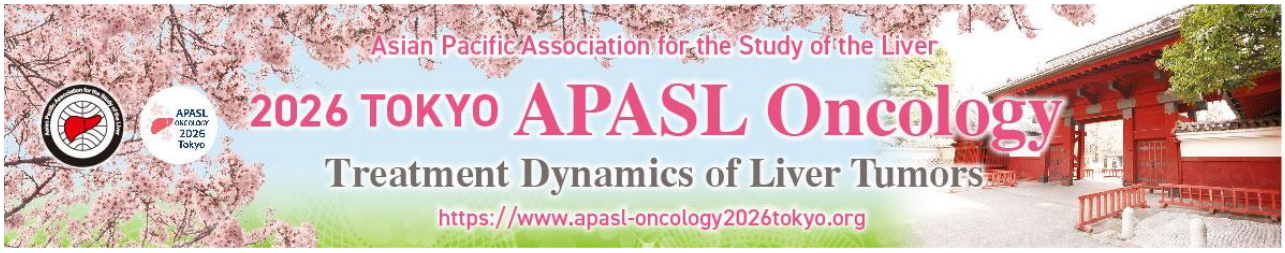
Name	Junichi Shindoh
Current Position, Department, Affiliation	Director and Chair, Department of Gastroenterological Surgery, Toranomon Hospital
Areas of Interest	HPB malignancies
Educational and Career Experiences	1998-2004 MD, Faculty of Medicine, University of Tokyo 2008-2012 PhD, Graduate School of Medicine, University of Tokyo 2011-2012 Postdoctoral Fellow, Department of Surgical Oncology, MD Anderson Cancer Center 2013-2014 Assistant Professor, Hepatobiliary–pancreatic Surgery Division, Graduate Scholl of Medicine, University of Tokyo 2014-2020 Attending Surgeon, Department of Gastroenterological Surgery, Toranomon Hospital 2020-2023 Surgeon-in-Chief, Department of Gastroenterological Surgery, Toranomon Hospital 2023-present Director and Chair, Department of Gastroenterological Surgery, Toranomon Hospital

Dr. Etsuro Hatano
Professor, Department of Surgery,
Graduate School of Medicine, Kyoto University,
Japan

The Concept of Borderline Resectable HCC: Japanese Perspective

In HCC, as in pancreatic cancer, the concept of borderline resectable has been discussed. We proposed following the three groups: resectable-(R), borderline resectable-(BR), and unresectable (UR)-HCCs. Resectable two groups were sub-divided according to the value of indocyanine green clearance of remnant liver (ICG-Krem) and presence of macrovascular invasion (MVI); BR-HCC was defined as resectable HCCs with MVI and/or ICG-KremC0.03–¥0.05, and R-HCC was the remaining (Yoh T et al. World J Surg, 2023). Furthermore, we modified the classification of the R- and BR-HCC, using macrovascular invasion, tumor size, and future liver remnant/modified albumin-bilirubin scores (Nakamura I et al. Hepatology Res, 2024). Finally, the “Japanese Expert Consensus 2023” report by the Working Group of the Joint Project of the Japan Liver Cancer Association (JLCA) and the Japanese Society of Hepato-Biliary-Pancreatic Surgery proposed a new definition of the oncological resectability of HCC (Akahoshi K et al. Liver Cancer, 2024). Resectability is defined by the number of tumors, largest tumor diameter, degree of vascular invasion, and extent of extrahepatic spreads. BR1 includes cases with more than 3 but no more than 5 tumors; a maximum tumor diameter of more than 3 cm but less than 5 cm; or macroscopic vascular invasion of Vp2-3, Vv2, or B2-3, which is a tumor condition with a poor prognosis when treated with resection alone, but resection as part of multidisciplinary treatment is expected to improve prognosis.

Furthermore, the “Working Group on the Definition of Conversion” as a Japan Liver Cancer Association project proposed standardized definitions for “conversion surgery,” “neoadjuvant therapy,” and “ablation as conversion therapy,” while recommending that transarterial chemoembolization should not be classified as conversion therapy due to its limited curative potential (Ichida A et al. in submitted). Neoadjuvant therapy was defined that treatment is performed after a treatment plan and surgery date have been decided for cases that are originally eligible for curative resection. Neoadjuvant therapy is used when preoperative treatment is performed after a schedule has been decided for BR1 and BR2 cases that are eligible for curative resection in the hope of further improving the prognosis. Phase II study of Lenvatinib plus hepatic intra-arterial infusion chemotherapy (HAIC) with cisplatin followed by surgical resection in patients with BR-HCC with macrovascular invasion (LEOPARD-Neo study) is ongoing.



Curriculum Vitae

Name	Etsuro Hatano
Current Position, Department, Affiliation	Dean, Graduate School of Medicine, Kyoto University Professor, Division of Hepato-Biliary-Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University
Areas of Interest	Multidisciplinary treatment for hepatobiliary cancer, Minimally invasive surgery, Color coded surgery, Liver transplantation, Transplant oncology
Educational and Career Experiences	April 1994 – March 1997 Graduate School of Medicine, Kyoto University April 1983 – March 1989 Faculty of Medicine, Kyoto University October 2025- Dean, Graduate School of Medicine, Kyoto University October 2024 Vice Dean, Graduate School of Medicine, Kyoto University April 2023 Deputy Director, Kyoto University Hospital, Director, Institute for Advanced Medical Research and Development (iACT), Kyoto University Hospital April 2021- Professor, Division of Hepatobiliary Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University Dec 2019 –Sep 2021Professor and Chairman, Division of Hepato-Biliary-Pancreatic Surgery, Department of Gastroenterological Surgery, Hyogo College of Medicine April 2016 – Nov 2019 Professor, Division of Hepato-Biliary-Pancreatic Surgery, Department of Surgery, Hyogo College of Medicine May 2014 – Mar 2016 Associate Professor, Division of Hepatobiliary Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University April 2010 – April 2014 Lecturer, Division of Hepatobiliary Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University April 2002 – March 2006 Assistant Professor, Department of Gastroenterological Surgery, Graduate School of Medicine, Kyoto University Dec 2000 – March 2002 Clinical Fellow, Department of Gastroenterological Surgery, Graduate School of Medicine, Kyoto University April 1998-Nov 2000 Research Associate, Department of Medicine and Department of Biochemistry & Biophysics, University of North Carolina at Chapel Hill April 1997-March 1998 Research Associate, Kyoto University Graduate School of Medicine April 1990-March 1994 Clinical Fellow, Wakayama Red Cross Hospital July 1989-March 1990 Resident, Kyoto University Hospital
Honors and Awards	Japanese Society of Hepato-Biliary-Pancreatic Surgery Outstanding Original Article Award and Takada Award in 2015 Japanese Society of Hepato-Biliary-Pancreatic Surgery Presidential Award in 2015 etc.

Dr. Shuntaro Obi
Professor, Internal Medicine,
Teikyo University Chiba Medical Center,
Japan

What is A-HOC? Consortium Vision, Structure, and Activities: APASL Oncology Platform for A-HOC Expansion

Background: Hepatocellular carcinoma (HCC) remains a major health challenge in the Asia–Pacific region, which accounts for the majority of global cases. Given the diverse etiologies, treatment environments, and healthcare systems across the region, real-world, multi-ethnic, and multi-institutional evidence is essential for understanding disease behavior and optimizing management strategies. The Asian Hepatocellular Carcinoma Outcomes Consortium (A-HOC) was established to harmonize clinical data and foster regional collaboration. APASL Oncology provides an ideal platform to accelerate this initiative and expand its scientific and clinical influence.

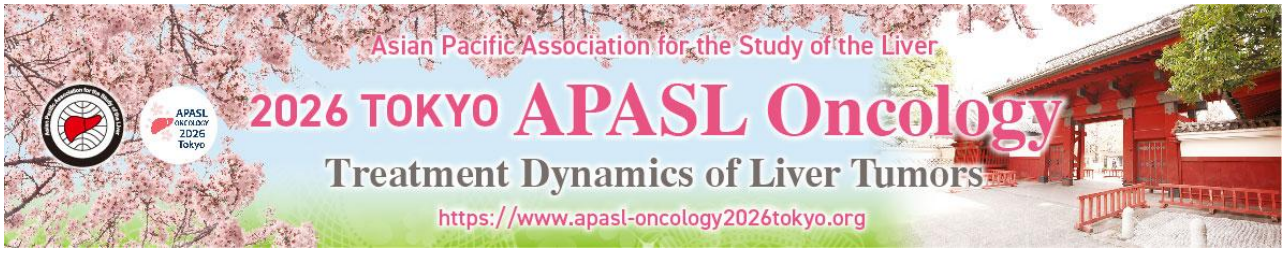
Objectives: This presentation aims to: (1) outline the vision, mission, and structural framework of A-HOC; (2) present updated consortium-wide data as of December 2025; and (3) illustrate how coordinated regional collaboration advances HCC research, supports high-quality evidence generation, and ultimately informs improved patient care.

Methods: A-HOC integrates anonymized real-world clinical data from participating countries and institutions through a unified registry system. Investigators input standardized demographic, clinical, treatment, and outcome variables, enabling robust large-scale analyses and meaningful cross-regional comparisons. This structure supports both descriptive epidemiology and hypothesis-driven research across the consortium.

Consortium Status (Dec 2025): A-HOC currently includes 29 institutions across 9 countries/regions, with 53 contributing researchers and 9,214 enrolled HCC cases. The registry is approaching 10,000 cases, positioning A-HOC among the largest multi-national real-world HCC datasets in the region.

Key Findings: The dataset demonstrates substantial regional variability in patient characteristics; however, when prognosis is analyzed within each BCLC stage, no significant differences are observed. This suggests that standardized staging allows meaningful cross-regional evaluation and underscores the importance of collaborative efforts to refine clinical practice and optimize care strategies.

Conclusion: As A-HOC nears the 10,000-case milestone, it exemplifies the strength of coordinated regional research efforts. Continued collaboration across Asia–Pacific will further enhance evidence generation and support advances in HCC care. APASL Oncology continues to serve as a key driver for A-HOC’s expansion and broader global engagement.



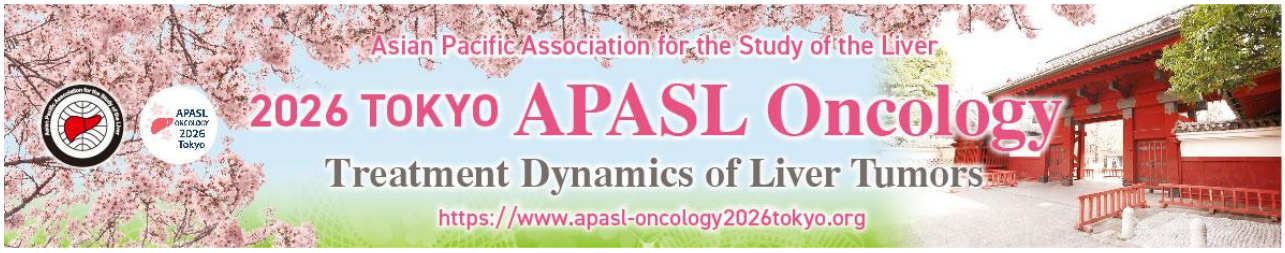
Curriculum Vitae

Name	Shuntaro Obi
Current Position, Department, Affiliation	Professor Internal Medicine Teikyo University Chiba Medical Center
Areas of Interest	Gastroenterology Interventional Radiology for Liver Cancer
Educational and Career Experiences	**EDUCATION** 1985 – 1991 MD, Teikyo University School of Medicine, Tokyo, Japan 2007 PhD (Gastroenterology), The University of Tokyo School of Medicine (Doctoral Degree No. 16800) **PROFESSIONAL EXPERIENCE** 1991 – 1992 Resident, Tokyo Metropolitan Tama Geriatric Medical Center, Japan 1992 – 1993 Resident, The University of Tokyo Hospital, Japan 1993 – 1995 Staff Physician, Department of Gastroenterology, Asahi General Hospital, Chiba, Japan 1995 – 1998 Staff Physician, Second Department of Internal Medicine, The University of Tokyo Hospital 1998 – 2002 Staff Physician, Department of Gastroenterology, The University of Tokyo Hospital 2002 – 2016 Director, Department of Hepatology, Kyoundo Hospital, Japan 2016 – Present Professor, Department of Internal Medicine, Teikyo University Chiba Medical Center, Japan
Honors and Awards	2009 Fellowship Award, Foundation for Promotion of Cancer Research 2021 Investigator Award, APASL Oncology 2022 Investigator Award, APASL Oncology 2025 Presidential Award, The 34th Annual Meeting of APASL

Dr. A. Kadir Dokmeci
Emeritus Professor, Ankara University
Senior Consultant Hepatologist, Liver Transplantation Unit, Bahçeşehir University, Turkey

Building a Unified HCC Dataset: Turkey’s Contribution to A-HOC’s Regional Evidence Platform

Hepatocellular carcinoma (HCC) is a leading cause of cancer-related deaths worldwide. Early diagnosis, clinical staging, and management strategies are essential for improving outcomes.
The baseline demographic and clinical characteristics of patients play a crucial role in understanding the progression of HCC. A total of 9 centers from Türkiye participated in the A-HOC study, and 509 HCC cases have been submitted up to September 2025. We analyzed data from 438 patients diagnosed with HCC in this cohort. The data were collected from multipl institutions and included demographic, clinical, and laboratory characteristics at the time of diagnosis.
Median age at diagnosis was 62.0 years (IQR: 55.7 – 68.0). A significant majority of the study population were male (n=336, 76.7%).
The majority of patients had cirrhosis (n=367, 85.9%), with the most common etiology being Hepatitis B virus (HBV) infection (n=270, 69.2%). Other etiologies included Hepatitis C virus (HCV, n=41, 10.5%), non-alcoholic fatty liver disease (NAFLD, n=45, 11.5%), and alcohol use (n=9, 2.3%). Of the patients, 139 (32.0%) had diabetes mellitus, and 49 (17.1%) had fatty liver disease. A large Turkish cohort reported 82% cirrhosis and HBV as the most common cause (~54%), followed by HCV and NAFLD—again in alignment with our findings, though your HBV proportion is somewhat higher. Increasing rates of NAFLD-related HCC have also been observed in recent literature, reflecting global shifts in risk factor profiles, though in our cohort NAFLD still accounted for a minority (~11.5%).
Clinical complications such as ascites and esophageal varices were common, affecting 42.9% (n=185) and 52.2% (n=188) of patients, respectively. Hepatic encephalopathy was observed in 11.2% (n=48) of patients. The median FIB-4 score, which is used to assess liver fibrosis, was 4.01, and the median FAST score was 4.57 The median maximum tumor size was 4.9 cm (IQR: 2.9 – 8.7). The number of nodules was also reported, with a median value of 2.0. According to the BCLC staging system, the distribution of patients across stages was as follows: stage 0 (n=18, 4.3%), stage A (n=133, 31.5%), stage B (n=110, 26.1%), stage C (n=119, 28.2%), and stage D (n=42, 10.0%).
On the other hand, one Turkish cohort reported BCLC stage distributions—B (13.8%), C (14%), and D (24.1%)—again emphasizing significant proportions of advanced disease at diagnosis.
In many studies, median AFP values spanning ~20–400 ng/mL depending on stage and etiology, with many patients having normal or modestly elevated AFP at diagnosis. The median AFP level was found 26.4 ng/mL in our study.
At the time of analysis, 64.2% (n=264) of patients had died, while 35.8% (n=147) were still alive. The findings highlight the common association between HCC and chronic liver disease, particularly cirrhosis due to HBV and HCV infections. The high prevalence of comorbidities such as diabetes mellitus and fatty liver disease also underscores the importance of managing these conditions in the prevention and treatment of HCC. The tumor characteristics, including large tumor size, multiple nodules, and frequent extrahepatic metastasis, suggest that many patients present with advanced disease at diagnosis, consistent with the distribution of BCLC stages. The high mortality rate further supports the aggressive nature of HCC and the need for improved early detection and therapeutic interventions.



Curriculum Vitae

Name	A. Kadir Dokmeci

He received his medical degree from the Ankara University School of Medicine (AUSM) in 1971 and qualified as a gastroenterologist in 1978. He has studied ultrasonography, ERCP as well as clinical hepatology in the Department of Internal Medicine at Chiba University School of Medicine in Japan as Prof. Okuda's student from 1979 to 1981 for 2.5 years.

He was subsequently appointed as associate professor in 1982 and as a professor in 1988 and served as chief of Department of Internal Medicine and as a chief of Department of Gastroenterolgy at AUSM from 1993 to 2000. Prof. Dökmeci has been a visiting professor at the Chiba University School of Medicine from 1988 to 1989 and at the University of California, Irvine in 2003.

He became the President of APASL and he organized the 25th APASL Annual Conference , 2015 in İstanbul. Also he was the president of the 5th APASL STC, Istanbul in 2009 and honary president of the 28 th APASL STC, Istanbul.

He has contributed to editorials, reviews and book chapters. He is in editorial board in various journals such as Hepatology International, Digestive Endoscopy and Turkish Journal of Gastroenterology.

He has received national and international awards in his carrier including Inohana Award given by Chiba University in 1999 and 2.APASL Powell-Sarin Life Achivement award from in 2019. He published more than 130 papers in different journals.

A.Kadir Dökmeci is the Emeritus Professor, Ankara University.

Recently he is acting as a senior consultant in Liver Transplantation Center at Bahçeşehir University.

Dr. Yasuto Takeuchi
Associate Professor, Center for Innovative Clinical Medicine,
Okayama University Hospital, Japan

A-HOC Data: Creating New Research Opportunities for Young Investigators

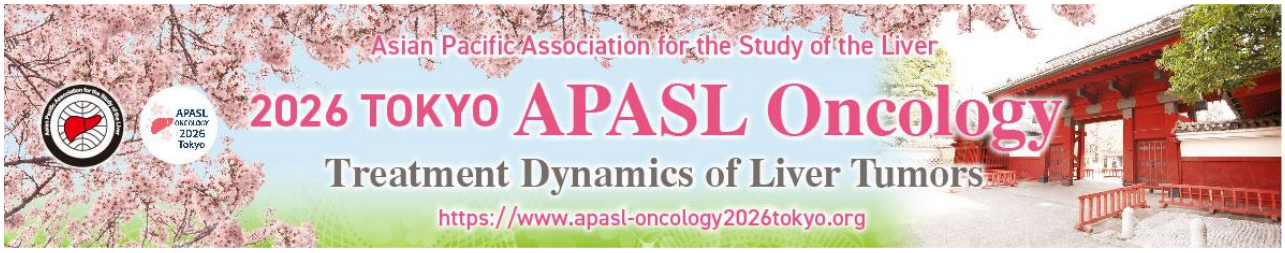
The A-HOC database is a large-scale and highly valuable resource that currently includes clinical data from more than 9,000 patients with hepatocellular carcinoma (HCC) collected across Asia. As a multinational and multicenter collaborative project, A-HOC encompasses diverse geographic regions and patient backgrounds, providing a unique opportunity to investigate HCC from a broad international perspective.

By comprehensively analyzing A-HOC data, researchers can gain important insights into regional similarities and differences in disease etiology, clinical characteristics, treatment patterns, and outcomes across Asian countries. Such a panoramic view is difficult to achieve through single-country or single-center studies and is essential for advancing globally relevant HCC research.

The robustness, scale, and standardized structure of the A-HOC database form a strong foundation for generating high-quality evidence and increase the likelihood of producing impactful scientific publications. These advantages are particularly meaningful for young investigators, who often face limited access to large, well-curated international datasets and collaborative research environments.

From a personal perspective, I had the opportunity to contribute to one of the first studies using the A-HOC database, which examined temporal changes in the etiology of HCC across Asia and within individual countries. Through this experience, I was able to conduct large-scale data analyses and participate in international manuscript development. Importantly, the process involved extensive mentorship and constructive feedback from senior investigators, which greatly supported my professional growth and improvement in research skills.

In summary, A-HOC data provide not only a powerful platform for high-quality international HCC research but also a rare and valuable opportunity for young investigators to develop scientific expertise, expand global perspectives, and engage in meaningful collaborative research.



Curriculum Vitae

Name	Yasuto Takeuchi
Current Position, Department, Affiliation	Associate Professor, Center for Innovative Clinical Medicine, Okayama University Hospital
Areas of Interest	Hepatocellular Carcinoma Systemic Therapy
Educational and Career Experiences	**Education:** **March 2005** M.D., School of Medicine, Okayama University, Okayama, Japan **September 2014** Ph.D., Graduate School of Medicine, Okayama University, Okayama, Japan **Career Experiences:** **April 2005 – March 2007** Okayama Rosai Hospital, Okayama, Japan **April 2007 – September 2009** Okayama Saiseikai General Hospital, Okayama, Japan **October 2009 – March 2010** National Hospital Organization Iwakuni Clinical Center, Iwakuni, Japan **April 2010 – March 2017** Department of Gastroenterology, Okayama University Hospital, Okayama, Japan **April 2017 – March 2018** Assistant Professor, Center for Innovative Clinical Medicine, Okayama University Hospital, Okayama, Japan **April 2018 – March 2020** Ministry of Health, Labour and Welfare, Tokyo, Japan **April 2020 – September 2020** Assistant Professor, Center for Innovative Clinical Medicine, Okayama University Hospital, Okayama, Japan **October 2020 – March 2025** Lecturer, Center for Innovative Clinical Medicine, Okayama University Hospital, Okayama, Japan **April 2025 – Present** Associate Professor, Center for Innovative Clinical Medicine, Okayama University Hospital, Okayama, Japan
Honors and Awards	UEGW2025 Best Abstract Prize

Dr. Amarsanaa Jazag
Mongolian Genome Project; Otoch-Manramba Medical University;
Interferon Alpha Liver Hospital, Mongolia

Country Spotlight: HCC Practice and Data Needs in Mongolia

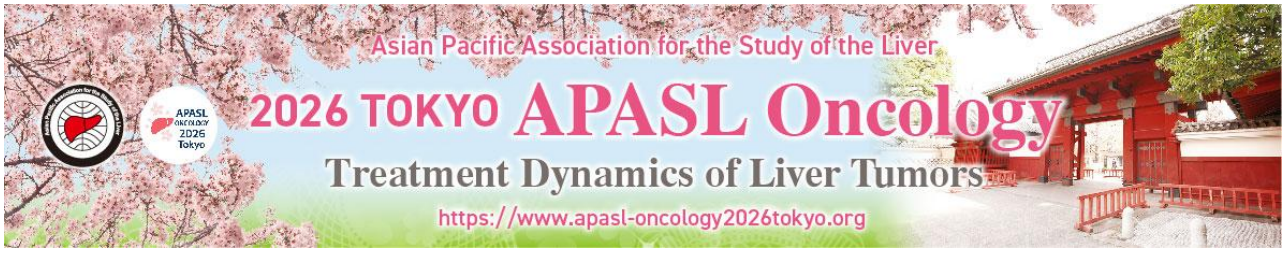
Liver cancer remains a major public health challenge in Mongolia, largely due to the high prevalence of chronic hepatitis B (HBV) and hepatitis C (HCV) infections. This A-HOC study aimed to analyze the demographic and clinical characteristics of patients under surveillance for liver cancer and to evaluate tumor status, cirrhosis status, treatment modalities, surveillance outcomes, and causes of death.

A retrospective analysis was conducted using medical records of 1,108 patients registered at Happy-Veritas Hospital and the Mongolian National University of Medical Sciences as of 2025. Patients were categorized by age group, tumor type (primary or recurrent), presence of cirrhosis, treatment modality, and surveillance outcome (alive, deceased, or lost to follow-up). Descriptive statistics were calculated, and comparative analyses were performed.

The majority of patients under surveillance were aged 60 years and older, indicating a higher burden of disease in the elderly population. Liver cirrhosis was present in 59.3% of cases, confirming its strong association with hepatocellular carcinoma. Recurrent tumors accounted for 61.7% of patients, highlighting the ongoing risk of relapse even after initial management. Treatment coverage was high, with 97.5% of patients receiving at least one form of therapy. The most common treatment modality was transarterial embolization/chemoembolization (TAE/TACE) (16.8%), followed by other locoregional and systemic therapies.

During the surveillance period, 83.4% of patients were alive. Among deceased patients, the primary cause of death was liver cancer itself (85.5%), emphasizing the aggressive nature of the disease despite active treatment and monitoring.

In conclusion, liver cancer patients under surveillance in Mongolia are predominantly elderly and frequently present with cirrhosis and recurrent disease. Although treatment access is high, liver cancer remains the leading cause of mortality in this population. Strengthening early detection strategies, improving surveillance systems, and enhancing preventive measures against viral hepatitis are essential to reduce disease burden and improve long-term outcomes.



Curriculum Vitae

Name	Amarsanaa Jazag
Current Position, Department, Affiliation	Founder and Head Investigator, Mongolian Genome Project, Ulaanbaatar, Mongolia Chairman of the Board, Otoch-Manramba Medical University Advisor, Happy Veritas Hospital, APASL Mongolia, President, Garvaa Foundation
Areas of Interest	Viral hepatitis (HBV, HCV, HDV), liver cirrhosis, hepatocellular carcinoma (HCC), molecular oncology of gastrointestinal cancers, RNA interference, gene therapy, virology, biotechnology, genetic factors in liver diseases, early cancer detection, and health policy.
Educational and Career Experiences	Dr. Amarsanaa Jazag received his M.D. degree from Otoch-Manramba Medical Institute (Manba-Datsan), Mongolia (1996). He pursued postgraduate training at the Graduate School of Medicine, The University of Tokyo, Japan, where he completed a Master of Medical Science (2002) and a Ph.D. in Medicine (2006), majoring in Gastroenterology with a focus on molecular oncology. His doctoral research investigated Smad4 silencing and TGF-β signaling pathways in pancreatic cancer using stable RNA interference technology. He further completed postdoctoral training at Harvard Medical School, Brigham and Women's Hospital, Boston, USA (2006–2008), specializing in molecular oncology and pancreatic cancer biology. Dr. Jazag has held numerous leadership roles in Mongolia, including Vice Minister of Health (2012–2014), Ulaanbaatar City Councilor and Chairman of the Health and Food Safety Committee (2012–2016), and Advisor on health policy to the President of Mongolia (2017–2019). He previously served as President of the Mongolian Association for the Study of Liver Diseases and has been actively involved in APASL initiatives. He also served as CEO of Interferon Alpha Liver Hospital and Happy Veritas Clinical Diagnostics Laboratory. He has authored and co-authored numerous peer-reviewed publications in leading international journals in hepatology, oncology, and molecular biology, and has contributed extensively to liver disease epidemiology and HCC research in Mongolia.
Honors and Awards	Recipient of the Japanese Government (MEXT) Scholarship (1998–2005) and Honjo International Scholarship Foundation Award (2005). Awarded the Mongolian Academy of Sciences Prize for Best Scientific Work (2005) and research grants from the National Pancreas Foundation (USA). Received Best Poster Award at APASL Single Topic Conference (2011). Holds a Japanese patent for a small-interfering RNA expression vector targeting TGF-β pathway components.

Dr. Rino Gani
Head of Hepatobiliary Division, Internal Medicine Department, Dr Cipto Mangunkusumo National General Hospital, Faculty of Medicine Universitas Indonesia, Jakarta
Indonesia

Uniting Islands, Uniting Data: Indonesia’s Role in the A-HOC Network

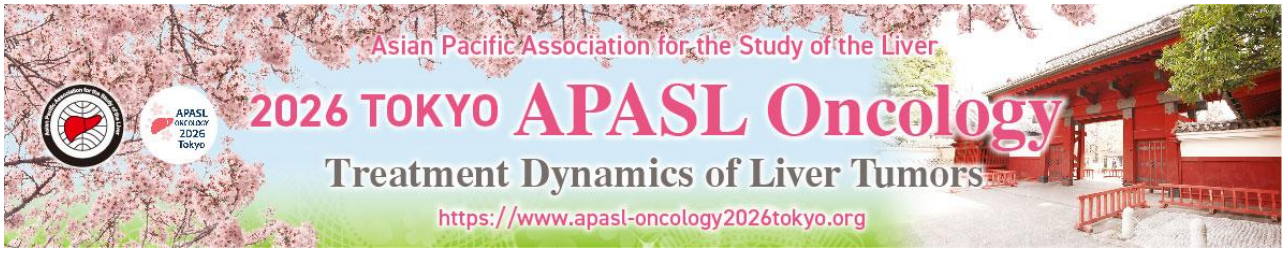
Indonesia, the world’s largest archipelagic nation with more than 17,000 islands, faces unique challenges in building a coordinated national response to liver cancer. Hepatocellular carcinoma (HCC) remains one of the leading causes of cancer-related mortality in Asia Pacific, driven largely by chronic viral hepatitis, metabolic liver disease, and late diagnosis. Data fragmentation across diverse regions, provinces, and healthcare institutions, including public hospitals, private clinics, and academic centers, has long impeded Indonesia's capacity to derive robust, population-level epidemiological data, forecast disease trends accurately, and engage meaningfully in regional research collaborations. This siloed approach has resulted in inconsistent reporting, underestimation of incidence and prevalence rates, and missed opportunities for targeted interventions. Engagement in the Asia-Pacific Hepatocellular Carcinoma (A-HOC) Network, also referred to as the AHCC (Asia-Pacific Hepatocellular Carcinoma) Trials Group, offers a pivotal avenue to surmount these limitations by fostering standardized data sharing, multinational trials, and evidence synthesis, thereby bolstering evidence-based policies, clinical protocols, and resource allocation for HCC prevention and management.

The Indonesian arm of the A-HOC Network prioritizes establishing a standardized, multicenter liver cancer registry known as RINKAS (the Indonesian National Hepatocellular Carcinoma Registry), designed to aggregate high-quality, real-world data from hospitals nationwide. Given the geographic dispersion of healthcare facilities, the registry adopts a cloud-based data capture system using REDCap (Research Electronic Data Capture). However, the initial hurdle was physically mobilizing data collection across 30 diverse centers in Indonesia. To overcome this, a targeted strategy was employed involving personal outreach to regional branch heads. Furthermore, initial data entry was deliberately spearheaded by two major tertiary referral centers: Cipto Mangunkusumo National General Hospital (RSCM) and Dharmais National Cancer Center. Their proactive leadership served as a powerful magnet, effectively inspiring and encouraging other regional centers to begin filling out the registry. This cloud infrastructure ensures scalability, secure access control, and efficient data monitoring, while minimizing the technical burden on local hospitals.

A key element of Indonesia’s participation is the homogenization of clinical and epidemiological data. The registry applies standardized data dictionaries and case report forms aligned with A-HOC core variables, covering patient demographics, risk factors, diagnostic modalities, tumor staging, treatment patterns, and outcomes. Harmonization ensures that data collected across diverse Indonesian centers remain comparable not only nationally but also across the wider Asia-Pacific network. This approach enables pooled analyses, facilitates multicenter research, and strengthens the reliability of regional evidence on HCC management.

Ethical governance is another critical component of the program. In accordance with Indonesian research regulations and international ethical standards, each participating center obtains its own institutional ethical approval prior to enrolling patients in the registry. This decentralized ethical oversight respects local institutional governance while ensuring patient confidentiality, informed consent procedures where required, and responsible data stewardship. A national coordination team provides guidance to participating institutions to maintain consistency in ethical and regulatory compliance.

Through the integration of cloud-based technology, standardized data collection, and robust ethical frameworks, Indonesia aims to transform geographic diversity into a strength for collaborative research. By contributing comprehensive real-world data to the A-HOC Network, Indonesia not only strengthens national liver cancer surveillance but also plays a pivotal role in advancing regional understanding of hepatocellular carcinoma across the Asia-Pacific. Moving forward, the next significant challenge lies in finding effective ways to motivate clinicians and researchers to actively utilize the RINKAS database to generate scientific publications. Ultimately, overcoming this hurdle to maximize data utilization will support the development of more effective prevention strategies, earlier detection programs, and improved patient outcomes throughout the region.



Curriculum Vitae

Name	Rino Gani
Current Position, Department, Affiliation	Head Division of Hepatobiliary Department of Internal Medicine, Medical Faculty Universitas Indonesia
Areas of Interest	Hepatitis virus, Liver cirrhosis and hepatocellular carcinoma
Educational and Career Experiences	M.D 1987, Ph.D 2010 in Universitas Indonesia Associate Professor 2012 Universitas Indonesia Consultant of Gastroenterology Hepatology Universitas Indonesia 2000 APASL member since 1996 Executive Council of APASL 2009-2013 President Elect APASL 2018 Expert Committee Leader on Hepatitis Ministry of Health Republic of Indonesia
Honors and Awards	Young Investigator Award APCGE 1996 Best Poster Award APASL 2005 Best Poster Award APASL 2008

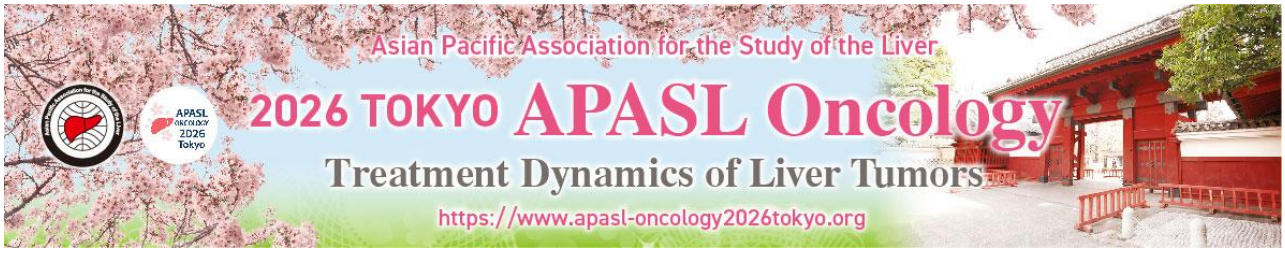
Dr. Teerha Piratvisuth
NKC Institute of Gastroenterology and Hepatology,
Prince of Songkhla University,
Thailand

Empowering Regional Collaboration and Education: Thailand’s Role in A-HOC

Four universities, 3 in Bangkok, 1 in Northeast and 1 in Southern of Thailand, have participating in the A-HOC Network, so far, we have registered approximately 1,000 HCC-patients in to the REDCap platform.

HCC is the second most common cancer, but is the first leading cause of cancer-death in Thailand, particularly in male. We are very keen to participate the regional collaboration and education, in order to reduce the incidence of HCC, to promote HCC surveillance and diagnosis, to improve the HCC treatment and prevention of HCC occurrence. We have developed network for collaboration among all medical universities, medical center and Thai Association for the Study of Liver (THASL). Our networks have been working with the administer of health of Thailand.

HBV remains the most common cause of HCC in Thai patients (42-69%) However, MASLD is currently found as a trend in increasing cause of HCC (5-9%). HCC surveillance increases more eligible patients for curative treatment with improved survival. TACE and ablation treatment are the major modality of treatments in Thai patient. However, 64-90% of HCC patients did not have any specific therapy due to presence of advanced stage at the time of diagnosis- Education through the network of THASL, Hepatologists and health government sectors, is essential to increase awareness and understanding among Thai population and to improve referral pathway among general PR actioners. Universal HBV vaccination has been launched in 1992 resulting in significant reduction of prevalence of HBsAg positive in Thai peoples, younger than 30 years’ old



Curriculum Vitae

Name	Teerha Piratvisuth
Current Position, Department, Affiliation	- Professor of Medicine at the Prince of Songkla University, Hat Yai, Thailand. - President of Gastroenterological Association of Thailand - Advisor to the NKC Institute of Gastroenterology and Hepatology, Faculty of Medicine, Prince of Songkla University
Areas of Interest	- Liver disease particularly hepatitis B&C
Educational and Career Experiences	Dr Teerha Piratvisuth is Professor of Medicine at the Prince of Songkla University, Hat Yai, Thailand. He completed his medical degree with first class honor, at the Prince of Songkla University in 1985. During 1993–94 he studied as a Clinical Fellow in hepatology at King's College School of Medicine and Dentistry in London, UK. In 1995, he moved to the US, where he spent a further year as a Clinical Fellow in hepatology and endoscopy at the University Texas, Houston Medical School. He currently is the President of Gastroenterological Association of Thailand and holds the positions of Advisor of the NKC Institute of Gastroenterology and Hepatology, faculty of medicine, Prince of Songkla University. He has served as many important role of the internal organizations such as: President of Asia Pacific for the Study of the Liver Disease (APASL2011), Vice President of Asia Pacific Digestive Week (APDW2012), Chairman of the Scientific Program of World Gastroenterology Organization (WGO 2018), Honorary President of APASL 2021 and Chairman of the Asia Pacific Digestible Week 2023.He has published over 136 publications in the peer-reviewed journal including a number of the studies on biomarkers and algorithm for HCC surveillance. He is also a reviewer and editorial board member of the international journals. Professor Teerha is a legendary educator, an outstanding hepatologist and devoted mentor who has shaped generations of clinicians and researchers in Thailand and across the globe over the past three decades. Professor Teerha has demonstrated an unwavering commitment to advancing hepatology education

Dr. Shuichiro Shiina
Sasaki Institute, Tokyo,
Japan

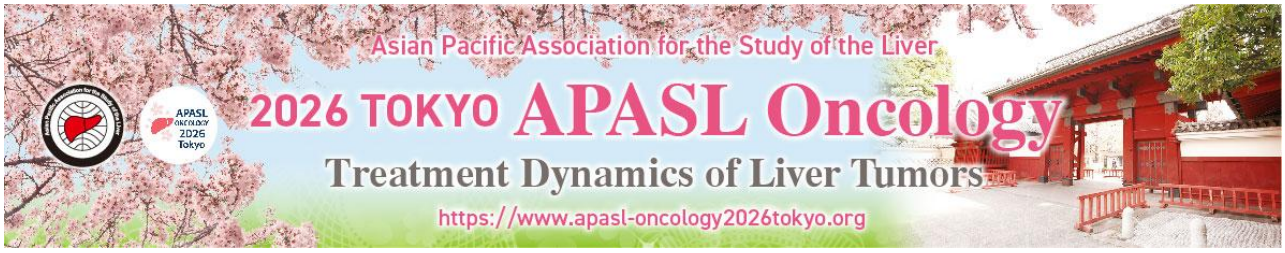
Building an Asia-Pacific Training Network for Tumor Ablation: Evolution and Future Perspectives

Image-guided tumor ablation has become an essential curative treatment for patients with early-stage hepatocellular carcinoma (HCC). Among currently available ablation techniques, radiofrequency ablation (RFA) and microwave ablation (MWA) are the two most widely used modalities owing to their minimally invasive nature, reproducible outcomes, and robust clinical evidence. Given that the Asia-Pacific region carries the world’s largest burden of HCC, the systematic adoption and refinement of these technologies across the region are of paramount importance.

Beyond technological innovation, the expansion of ablation therapy has depended critically on physician training and international collaboration. Over the past two decades, an Asia-Pacific training network has gradually developed through hands-on workshops, live demonstration courses, visiting fellowship programs, and multicenter clinical collaborations. Through these activities, physicians from multiple countries—including Japan, Taiwan, China, the Philippines, Indonesia, Mongolia, and other parts of the region—have exchanged expertise in imaging guidance, procedural techniques, and peri-procedural management of tumor ablation.

This regional collaboration has contributed not only to the transfer of technical skills but also to the harmonization of clinical practices and the development of collaborative research networks. As a result, the Asia-Pacific region has become an increasingly important hub for innovation, clinical research, and education in image-guided tumor ablation.

Looking forward, this training network is expected to play a crucial role in the introduction and evaluation of next-generation technologies, including advanced microwave systems, non-thermal ablation modalities such as histotripsy, and AI-assisted imaging and navigation systems. Strengthening this collaborative educational framework will be essential for expanding access to high-quality ablation therapy and for shaping the future of image-guided interventions for HCC in the Asia-Pacific region.



Curriculum Vitae

Name	Shuichiro Shiina
Current Position, Department, Affiliation	Sasaki Institute
Areas of Interest	Interventional oncology and minimally invasive therapy, such as Radiofrequency Ablation and Microwave Ablation, Diagnosis and treatment of liver neoplasms, Chemotherapy of GI tract cancers
Educational and Career Experiences	Education: 1982: M.D. University of Tokyo, Faculty of Medicine Professional Career: 2025-Present: Visiting Researcher, Sasaki Institute 2012-2025: Professor, Department of Gastroenterology, Juntendo University 2004-2012: Associate Professor, Department of Gastroenterology, University of Tokyo 1997-2004: Assistant Professor, Department of Gastroenterology, University of Tokyo 1996-1997: Director, Department of Gastroenterology, Chigasaki Municipal Hospital, Kanagawa 1992-1996: Assistant Professor, Department of Medicine (II), University of Tokyo 1986-1992: Instructor, Department of Medicine (II), University of Tokyo 1983-1986: Resident in Medicine & Clinical Fellow in Gastroenterology, Mitsui Memorial Hospital, Tokyo 1982-1983: Resident in Medicine, University of Tokyo, Tokyo Memberships: The American Gastroenterological Association, Asian Pacific Association for the Study of the Liver, The International Liver Cancer Association (Founding member), The International Association of Pancreatology, Asian Conference on Tumor Ablation, The Japanese Society of Internal Medicine, The Japanese Society of Gastroenterology, The Japan Society of Hepatology, Japan Gastroenterological Endoscopy Society, The Japan Society of Ultrasonics in Medicine, The Japanese Society of Adult Diseases, The Liver Cancer Study Group of Japan, Study Group of Microwave Surgery, The Japan Society of Clinical Oncology, The Japan Pancreas Society, Japan Association of Molecular Targeted Therapy for HCC, Japan Biliary Association, Japan Radiological Society, Japanese Society of Interventional Radiology, The Japan Academy of Tumor Ablation, World Ablative Therapies Association
Honors and Awards	Awards and Recognition: •2001: JSH (Japanese Society of Hepatology) Hepatology Research Award •2015: ACTA (Asian Conference on Tumor Ablation) Presidential Award •2023: APASL (Asian Pacific Association for the Study of the Liver) Powell-Sarin Achievement Award Academic Activities: •2018: President, APASL Single Topic Conference Yokohama (Asian Pacific Association for the Study of the Liver) •2021: President, The 40th Annual Meeting of the Japanese Society of Microwave Surgery •2021: President, ACTA 2021 Tokyo (Asian Conference on Tumor Ablation) •2022: President, The 58th Annual Meeting of the Japan Liver Cancer Study Group •2023: President, The 1st Annual Meeting of the Japan Society for Ablation •2024: President, The 33rd Annual Conference of the Asian Pacific Association for the Study of the Liver (APASL 2024 Kyoto) Certifications: •Board-Certified Member, The Japanese Society of Internal Medicine •Board-Certified Gastroenterologist and Instructor, The Japanese Society of Gastroenterology •Board-Certified Hepatologist and Instructor, The Japan Society of Hepatology •Board-Certified Sonologist and Instructor, The Japan Society of Ultrasonics in Medicine •Provisional Instructor, Japanese Board of Cancer Therapy •Board-Certified Cancer Therapist, Japanese Board of Cancer Therapy •Passed FMGEMS (Foreign Medical Graduate Examination in the Medical Sciences) •Passed ECFMG English Test (Educational Commission for Foreign Medical Graduates)

Dr. Kai-Wen Huang
Centre of Mini-invasive Interventional Oncology, National Taiwan University Hospital,
Taiwan

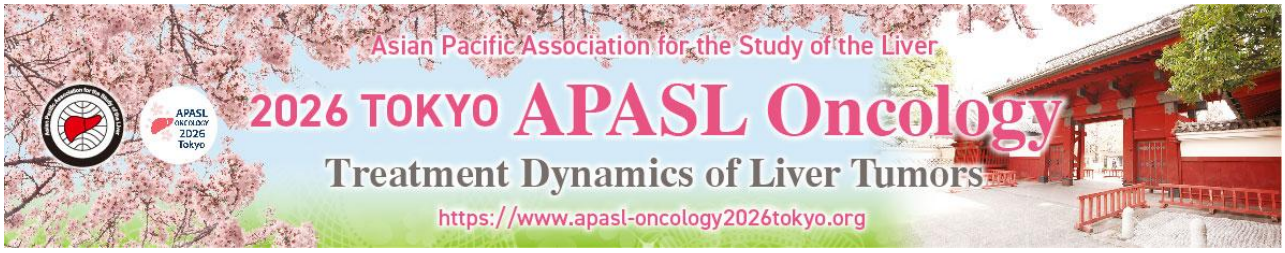
Local Ablation for HCC: Training and Skill Advancement in Taiwan

Background: Hepatocellular carcinoma (HCC) management relies heavily on local ablation as a curative-intent therapy. As interventional oncology shifts toward ultra-precision, the necessity for structured, advanced operator training has become critical. Responding to this demand, Taiwan has evolved its foundational HCC ablation curriculum into a premier, highly sophisticated educational hub that pushes the boundaries of traditional medical training.

Technological Integration: Modern skill advancement requires navigating beyond conventional radiofrequency and microwave ablation. Our advanced training framework now integrates cutting-edge modalities, offering specialized workshops on non-thermal Irreversible Electroporation (IRE) and the pioneering non-invasive acoustic technique, Histotripsy. To ensure flawless needle trajectory and tumor targeting—especially in anatomically challenging locations—trainees undergo rigorous instruction in advanced guidance technologies. These include mastering ultrasound fusion imaging and state-of-the-art robotic navigation for CT-guided techniques, bridging the gap between anatomical complexity and procedural success.

Comprehensive Multi-Organ Curriculum: Capitalizing on the pedagogical success of our HCC training, the educational scope has expanded into a holistic "whole-organ" curriculum. We now host progressive, specialized training classes tailored to a wide spectrum of tumor ablations. Through phantom models, simulation, and mentored clinical observation, trainees develop multidisciplinary competencies spanning the liver, lung, pancreas, thyroid, and uterus. This comprehensive approach ensures physicians understand the distinct ablation kinetics and safety margins required for different tissue environments.

Conclusion: By integrating ultrasound fusion, CT-robotic navigation, and novel modalities like IRE and Histotripsy into a comprehensive multi-organ training program, Taiwan offers a world-class, competency-based educational model. This robust framework not only elevates the standard of care for HCC but equips the next generation of physicians with the versatile, highly technical skills required to optimize oncological outcomes across all major solid tumors.



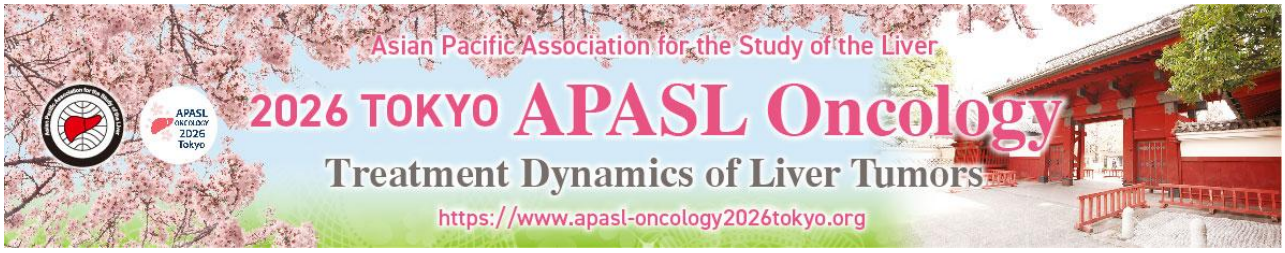
Curriculum Vitae

Name	Kai-Wen Huang
Current Position, Department, Affiliation	Professor and Director Centre of Mini-invasive Interventional Oncology, National Taiwan University Hospital
Areas of Interest	Genomics, Gene Therapy, Translational medicine, Cancer research, Hepatology & Gastroenterology, Surgery, Interventional Oncology, Radiofrequency Medicine, Nanomagnetic medicine, Thermotherapy & Photodynamic therapy
Educational and Career Experiences	M.S. and PhD in Clinical Medicine, National Taiwan University, School of Medicine CEO, Center of Functional Image and Interventional Therapy, National Taiwan University Professor, Graduate Institute of Clinical Medicine, National Taiwan University. Honorary President, Taiwan Academy of Tumor Ablation (TATA) Board of directors of Asia-Pacific Association of Imaging-guided Minimally Invasive Therapy in Oncology (AAMIO) Founder & President of Asia Congress of Tumor Ablation (ACTA) Founder & Dean, Taiwan Association of Interventional and Therapeutic Ultrasound (TAITU) Chair of Taiwan Academy of Mini-invasive Intervention (TAMI) Chair of Asia-Pacific Academia of Mini-Invasive Intervention and Oncology (APAIO) Asia-Oceania Chair of Society of Interventional Oncology. Honorary Professor of Imperial College London Visited Professor of National University of Singapore
Honors and Awards	Mr. Wu Dayu Memorial Award Honorary Professor of Imperial College London Visited Professor of National University of Singapore

Dr. Toshihiro Tanaka
Dept. of Diagnostic and Interventional Radiology,
Nara Medical University, Japan

ReMAP-Based Transarterial Embolization: Toward Personalized IVR

Advanced HCC presents with diverse clinical and pathological features, such as variations in tumor number, size, location, vascular invasion, and liver function. As a result, treatment strategies must be individualized and adaptable throughout the course of care. Indwelling catheter-port systems facilitate repeated locoregional treatments noninvasively; however, they typically deliver non-selective treatment for the entire liver. In some cases, additional selective treatments targeted to the lesions are required to optimize therapeutic outcomes. Recently, we developed the Repeatable Microcatheter-Accessible Port (ReMAP™), a novel device that allows microcatheter insertion through the port to enable selective targeted treatments. This innovation facilitates the combination of HAIC via the port with selective TACE through the microcatheter, providing a more versatile and individualized approach to therapy. ReMAP™ can be applied to various patient-specific conditions in advanced HCC, where factors such as tumor size, number, portal vein invasion, and liver function differ between individuals. The approach offers multiple types of repeated therapies, including the New FP regimen, the original technique involves mixing cisplatin with lipiodol, followed by a 5-FU infusion via the arterial port to the whole liver. ReMAP™ modifies this method by allowing selective administration of cisplatin mixed with lipiodol, which theoretically helps reduce adverse events while enhancing therapeutic efficacy. 5-FU was directly administered via the ReMAP port, allowing patients to conveniently receive a continuous 5-day infusion. Cisplatin HAIC or TACE can be applied in a split manner to minimize liver function deterioration. To further expand the use of ReMAP™ in HCC treatments, systemic therapies with immune checkpoint inhibitors and molecular target agents, together with locoregional therapies, can be seamlessly combined. For example, the current trend of immune-boosted TACE, which targets partial lesions to enhance immune function, may become possible on an outpatient basis.



Curriculum Vitae

Name	Toshihiro Tanaka
Current Position, Department, Affiliation	Professor and Chair, Dept. of Diagnostic and Interventional Radiology, Nara Medical University
Areas of Interest	Interventional Radiology TACE HAIC Tumor Ablation
Educational and Career Experiences	1998-2000 Aichi Cancer Center 2000- Assistant Professor, Dept. of Radiology, Nara Medical University 2009-2011 Applied Medical Engineering, RWTH Aachen University, Germany 2015-2022 Associate Professor, Dept. of Radiology, Nara Medical University 2022- Prof. Dept. of Diagnostic and Interventional Radiology, Nara Medical University
Honors and Awards	2025 SIO Grant Recipients 2023 JVIR Peers Choice Award 2021 JVIR Editor's Award 2020 JSIR Featured Abstract 2014 The 10% best-rated scientific papers, CIRSE 2012 The 10% best-rated scientific papers, CIRSE 2008 Certificate of Merit ISIR & JSIR 2007 Best Paper Award JSIR

Dr. Hideki Iwamoto
Assistant Professor, Division of Gastroenterology,
Department of Medicine, Kurume University School of Medicine,
Iwamoto Internal Medicine Clinic, Japan

The Evolution of Hepatic Arterial Infusion Chemotherapy for Advanced Hepatocellular Carcinoma: Multidisciplinary Strategies in the Era of Chemo-diversity

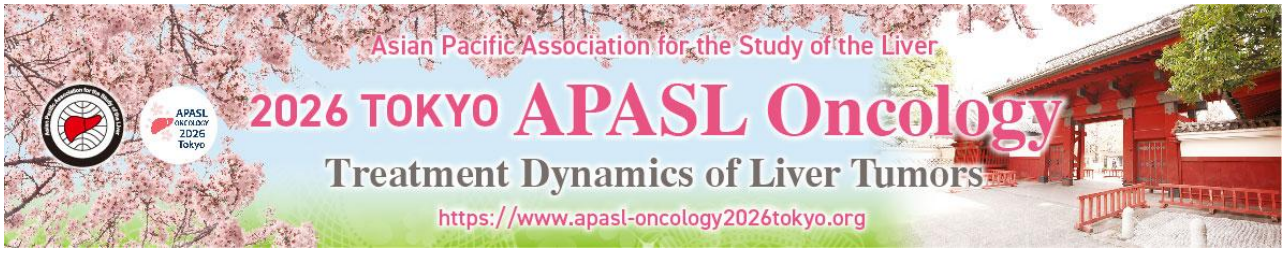
Therapeutic options for advanced hepatocellular carcinoma (HCC) have expanded rapidly with the development of systemic chemotherapies. As systemic therapy becomes central, the clinical role of locoregional therapies is being reconsidered. In advanced HCC, prognosis is still strongly influenced by intrahepatic tumor burden and preservation of liver function, and this reality has brought renewed attention to multidisciplinary treatment concepts that combine systemic therapy with high-quality catheter-based approaches to maximize tumor control while maintaining hepatic reserve.

Hepatic arterial infusion chemotherapy (HAIC) is a catheter-based strategy that administers anticancer agents continuously into the hepatic artery, the principal feeding artery of HCC. By delivering drugs directly to the liver, HAIC aims to increase intrahepatic exposure while reducing systemic toxicity. Sustained arterial infusion typically requires implantation of a reservoir-port catheter system. However, placement of a conventional reservoir-port system is technically demanding and time-consuming. These procedural barriers have contributed to a decline in its use. In contrast, certain HAIC regimens, such as FOLFOX-based hepatic arterial infusion, which has been widely used in China, have recently attracted attention, underscoring that HAIC remains a viable platform when optimized and appropriately positioned.

In our practice, we have developed New FP therapy as a core HAIC regimen for advanced HCC. New FP has shown high antitumor activity, with an objective response rate of 75% and the potential to achieve a cancer-free status in a meaningful subset of patients (35%). We position New FP not as a competitor to systemic therapy but as a complementary component of multidisciplinary care.

To overcome limitations of conventional reservoir–port systems, a novel device, the Repeatable Microcatheter Access Port (ReMAP), has been developed. ReMAP is a transarterial therapeutic access port that enables repeated catheter insertion, allowing flexible delivery of intra-arterial treatments, including HAIC and transarterial chemoembolization, according to clinical needs. ReMAP can be implanted in a shorter procedure time and is designed to reduce procedural complexity; in principle, routine coil embolization work is unnecessary. Importantly, ReMAP may facilitate infusion via extrahepatic parasitic arteries when required, expanding practical treatment options in advanced disease.

In summary, further progress in advanced HCC requires not only innovation in systemic therapy but also continued evolution of catheter-based HAIC and access devices. Strategic integration of these modalities within a multidisciplinary treatment is essential to maximize intrahepatic control, preserve hepatic reserve, and improve patient outcomes.



Curriculum Vitae

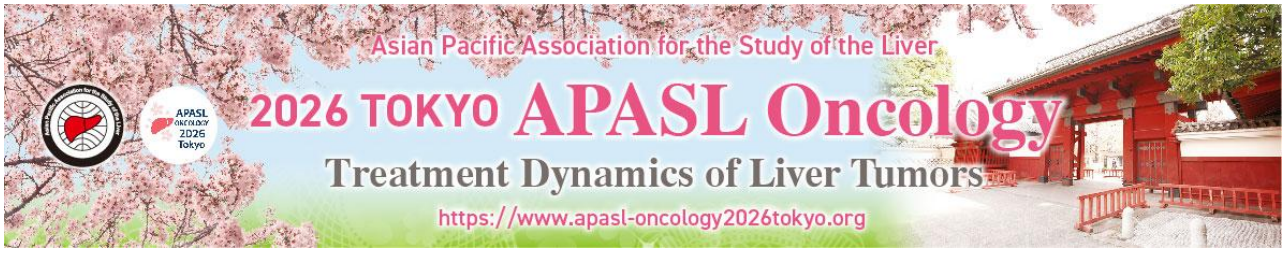
Name	Hideki Iwamoto
Current Position, Department, Affiliation	Current Position: Assistant Professor Affiliation: Division of Gastroenterology, Department of Medicine, Kurume University School of Medicine, Iwamoto Internal Medicine Clinic
Areas of Interest	Areas of Interest: Liver Cancer, Molecular Targeted Agent, Transcatheter arterial therapy, Tumor angiogenesis
Educational and Career Experiences	**M.D. (Doctor of Medicine):** 2005 Kurume University School of Medicine, 2005 Resident, Kurume University Hospital, 2007 Fellow, Department of Gastroenterology, Division of Medicine, Kurume University School of Medicine, 2008-2011 Graduate School of Medicine, Kurume University (Ph.D.), 2012 Postdoc fellow, Department of Microbiology Tumor and Cell Biology, Karolinska Institute, 2015 until now Assistant Professor, Division of Gastroenterology, Department of Medicine, Kurume University School of Medicine, and Director of Iwamoto Internal Medicine Clinic
Honors and Awards	**Peer-reviewed articles:** Total 167 (first or corresponding author: 34) h-index: 38, 14 research grants **Awards:** 2012 Young Researcher´s Award – Kurume University School of Medicine, 2017 Excellent poster award of AASLD 2019 Special Award of Kurume University School of Medicine, Department of Gastroenterology Alumni, 2021 Award of Kurume University School of Medicine, Department of Gastroenterology Alumni, 2022 Investigator Award of APASL oncology, 2023 JDDW-TDDW-KDDW Joint Rising Star Award

Dr. Hirokazu Makishima
Chief Physician, QST Hospital,
National Institutes for Quantum Science and Technology, Japan

High Precision Radiotherapy: A New Frontier in Focal Therapy

Although hepatocellular carcinoma (HCC) is generally considered radiosensitive, radiotherapy was historically not regarded as a definitive treatment option. This was primarily due to the exquisite radiosensitivity of the surrounding hepatic parenchyma, which made it nearly impossible to deliver a therapeutic dose to the tumor without risking liver failure.
The advent of particle therapy has transformed this paradigm. Due to their unique physical properties, protons and carbon ions can deliver high doses to the tumor while precisely sparing the surrounding normal liver tissue. While the concept of using charged particles for cancer treatment emerged in the mid-1940s—relatively soon after Roentgen’s discovery of X-rays in 1895—clinical application only began in 1954. Early efforts were limited to specific anatomical sites due to the lack of advanced imaging. It was not until the 1980s, when the University of Tsukuba pioneered CT-based range calculations and respiratory gating, that particle therapy became a full-fledged clinical modality.

The primary advantage of particle therapy over conventional photon radiotherapy is its distinctive dose distribution, known as the Bragg Peak.
This characteristic allows clinicians to treat tumors residing within radiosensitive organs-at-risk. Indeed, the primary impetus for implementing particle therapy at the University of Tsukuba was the management of large HCCs. Since the University of Tsukuba initiated its program in 1983, and the National Institutes for Quantum Science and Technology (formerly National Institute of Radiological Sciences) began carbon-ion treatment for HCC in 1995, over 4,000 cases have been treated in Japan with high local control rates and minimal toxicity.
While particle therapy offers superior dose distribution, its global implementation has been gradual, largely due to high capital costs. However, the technological innovations developed for particle beams, such as respiratory gating, eventually transitioned to X-ray-based treatments. When combined with the high-precision localization of stereotactic techniques, these advances gave rise to Stereotactic Ablative Body Radiotherapy (SBRT). Although SBRT is typically limited to smaller tumors due to the physical constraints of photons, it has expanded rapidly due to its widespread availability and promising multi-institutional results.
As significant evidence continues to accumulate, both particle therapy and SBRT are increasingly recognized in major clinical guidelines. Particle beam therapy has emerged as a primary "go-to" option for patients who are not candidates for surgery or thermal ablation, further solidifying its role in the post-hepatitis B/C era.



Curriculum Vitae

Name	Hirokazu Makishima
Current Position, Department, Affiliation	Chief Physician, QST Hospital, National Institutes for Quantum Science and Technology
Areas of Interest	Particle therapy Radiotherapy (including stereotactic body radiotherapy)
Educational and Career Experiences	Sep. 2024 - Chief Physician, QST Hospital, National Institutes for Quantum Science and Technology Apr. 2021 - Assistant Professor / Lecturer, Department of Radiation Oncology, University of Tsukuba Apr. 2015 - Attending Physician, QST Hospital, National Institutes for Quantum Science and Technology Jan. 2015 - Intern, Applied Radiation Biology and Radiotherapy, Human Health Division, International Atomic Energy Agency Apr. 2015 Doctor of Philosophy degree at University of Tsukuba, Graduate School of Comprehensive Human Science. Mar. 2009 Medical Doctor degree at Yokohama City University, School of Medicine
Honors and Awards	Nov 2016 Journal of Radiation Research “Highly Cited Award” Aug 2007 21st Century COE Program Summer Joint Workshop Best Poster Award

Dr. Ryosuke Tateishi
Associate Professor, Department of Gastroenterology
The University of Tokyo Graduate School of Medicine, Japan

From Clinical Questions to Practice-Changing Evidence: Educating the Next Leaders in Liver Cancer Research in Asia-Pacific

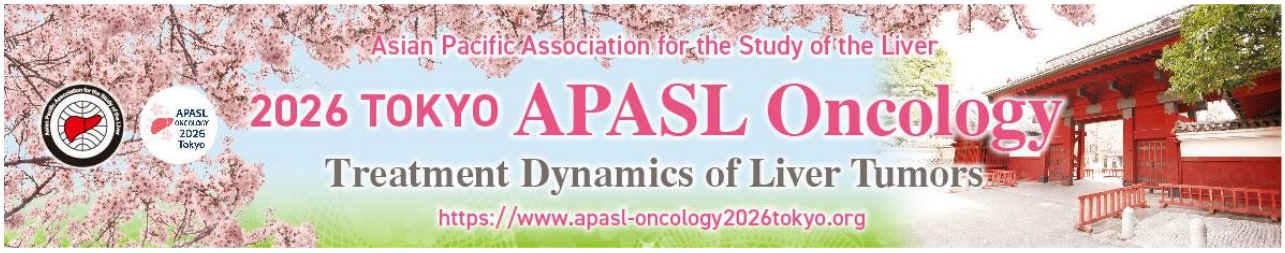
Hepatocellular carcinoma (HCC) remains a leading cause of cancer-related mortality worldwide, with a particularly heavy burden in the Asia–Pacific region, largely driven by the high prevalence of chronic viral hepatitis. Over the past decades, a broad spectrum of treatment modalities for HCC—including surgical resection, percutaneous ablation, transarterial chemoembolization, and radiation therapy—has been developed and refined in this region. More recently, advances in systemic therapy, particularly immune checkpoint inhibitor–based combination regimens, have fundamentally reshaped therapeutic strategies. However, translating therapeutic innovation into meaningful and sustained improvements in patient outcomes requires the generation of rigorous, practice-changing clinical evidence. Strengthening research capacity across the Asia–Pacific region is therefore essential to address the increasing complexity of HCC management and the rapidly evolving epidemiological landscape.

This lecture explores how young hepatologists can build sustainable clinical research careers in HCC by moving systematically from meaningful clinical questions to high-quality evidence. The foundation of impactful research lies in identifying consequential clinical questions—those that address real therapeutic dilemmas, refine patient selection, or clarify optimal treatment sequencing. Rather than pursuing questions that are merely novel or statistically feasible, investigators must focus on issues that influence everyday decision-making in multidisciplinary care.

Methodological literacy is the next critical step. Contemporary HCC research extends beyond randomized controlled trials and increasingly incorporates real-world data, causal inference frameworks, and advanced analytical approaches capable of addressing time-dependent treatment strategies and confounding. A clear understanding of study design, bias control, and data interpretation enables young researchers to transform observational data into credible and clinically relevant insights.

The session will outline a practical career development framework built on three pillars: (1) clinical depth in hepatology and oncology, ensuring relevance and credibility; (2) methodological competence in study design and analysis, enabling robust evidence generation; and (3) international collaboration, which enhances scientific rigor, expands networks, and increases global visibility. The intersection of these elements allows young investigators to contribute not only to publications, but to evidence that informs guidelines and changes practice.

Finally, the lecture will introduce the vision of the APASL-Oncology School as a structured platform to cultivate the next generation of HCC clinical researchers in Asia. Through mentorship, collaborative project development, and focused training in methodology and scientific writing, the initiative aims to transform individual clinical curiosity into globally relevant evidence. By doing so, it seeks to intentionally build a sustainable ecosystem for advancing HCC research in the region.



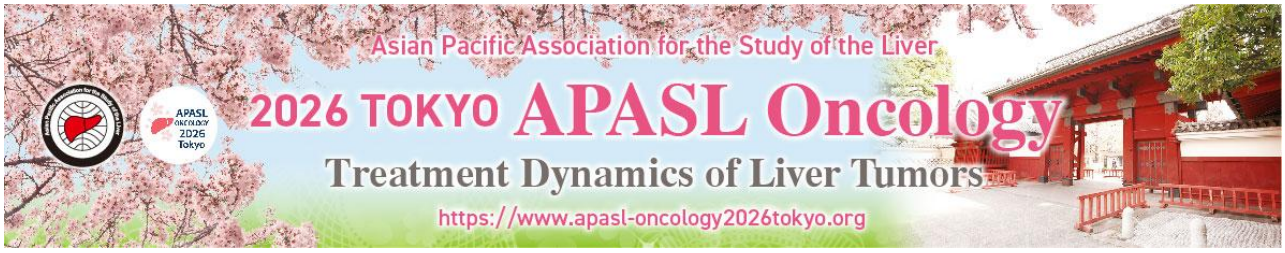
Curriculum Vitae

Name	Ryosuke Tateishi
Current Position, Department, Affiliation	Associate Professor Department of Gastroenterology The University of Tokyo Graduate School of Medicine
Areas of Interest	etiology, diagnosis, and treatment of Hepatocellular carcinoma metabolic dysfunction-associated fatty liver disease viral hepatitis liver cirrhosis
Educational and Career Experiences	**Education:** The University of Tokyo School of Medicine (1989-1995) MD The University of Tokyo Graduate School of Medicine (1998-2002) PhD **Academic and Professional Appointment:** Associate Professor, vice-chair (2020-present) Department of Gastroenterology The University of Tokyo Graduate School of Medicine Project Associate Professor (2013-2020) Department of Gastroenterology Training Program for Oncology Professionals The University of Tokyo Graduate School of Medicine Assistant Professor (2006-2013) Department of Gastroenterology, The University of Tokyo Hospital Chief Physician (2005-2006) Department of Gastroenterology Mitsui Memorial Hospital, Tokyo Medical Staff (2002-2005) Department of Gastroenterology, The University of Tokyo Hospital Resident (1996-1999) Department of Gastroenterology Mitsui Memorial Hospital, Tokyo Resident (1995-1996) Department of Medicine The University of Tokyo Hospital
Honors and Awards	Young Investigator Award (2008) Japan Society of Gastroenterology Encouragement Prize (2016 and 2020) Japan Society of Gastroenterology Top Peer Reviewer in Clinical Medicine (2018 and 2019) Web of Science Journal of Gastroenterology High Citation Award (2022)

Dr. Yujin Hoshida
Internal Medicine, University of Texas Southwestern Medical Center, USA

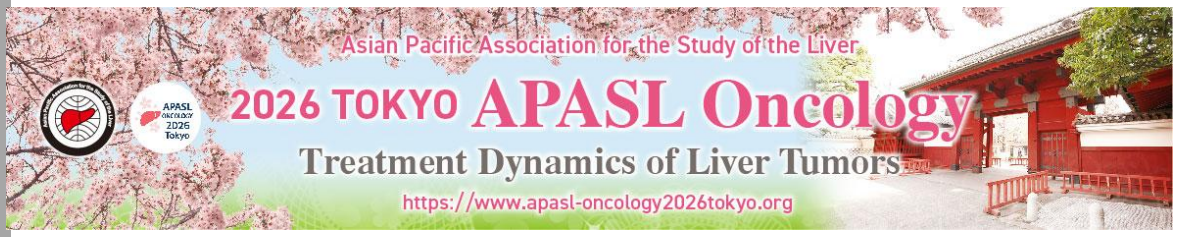
Competing on the Global Stage: Strategies for Young Investigators in Hepatology

For successful establishment as an academic hepatologist on the global stage, it is essential to cultivate global recognition as a leading expert in a specific field, actively leading and participating in high-impact international research initiatives. This goal requires a synergistic combination of a well-thought-out strategy, a supporting environment, and relevant professional resources. Strategically, the foundation of your career rests on identifying and honing a unique area of practice and/or research that distinguishes you from your peers. Once you define your niche, it is crucial to establish clear, actionable short- and mid-term goals that facilitate stepwise growth. This roadmap should explicitly outline how to transition from local prominence to national, and ultimately international, visibility through consistent high-tier publications and notable activities within major international liver societies. True strategic acumen also demands flexibility based on periodic assessments of achievements as well as the landscape and trends in evolving patient demographics, therapeutic approaches, biotechnology, information technology, and research funding, being adaptable and open to alternative academic pathways. These strategic actions cannot succeed without a supportive institutional and professional environment. Fostering globally competitive expertise requires robust institutional commitments to secure time for research, coupled with sustained financial backing and dedicated research personnel to ensure stable and robust scientific output. Finally, ascending to the global stage relies heavily on the resources you utilize through various channels. You can seek opportunities for cross-border networking, global mentorship, international collaborations, exposure to aspirational role models, career development activities, and involvement in the operation of professional societies. Together, these help establish your reputation as an indispensable voice in the international hepatology community.



Curriculum Vitae

Name	Yujin Hoshida
Current Position, Department, Affiliation	Director of Liver Tumor Translational Research, Co-Director of Liver Cancer SPORE Program Professor
Areas of Interest	Liver cancer Liver cirrhosis Molecular classification Precision medicine Prognostic prediction
Educational and Career Experiences	Originally from Japan, Dr. Hoshida received his medical degree from the University of Tsukuba and completed internal medicine residency training and a fellowship in clinical gastroenterology and hepatology, diagnostic pathology, diagnostic and interventional radiology, and biostatistics at the University of Tokyo and Toranomon Hospital. He then earned his doctoral degree in medical sciences from the University of Tokyo's Graduate School of Medicine. After postdoctoral training in cancer genomics and systems biology at the University of Tokyo's Research Center for Advanced Science and Technology and at the Broad Institute of MIT and Harvard University, he was recruited to join the faculty of the Tisch Cancer Institute of the Icahn School of Medicine at Mount Sinai and later came to UT Southwestern to direct the Liver Tumor Translational Research Program. Dr. Hoshida has expertise in molecular classification, prognostic prediction, molecular targeted therapies, and chemoprevention in liver cirrhosis and cancer. He has been leading several international translational liver cirrhosis/cancer genomics projects, including Precision Liver Cancer Prevention Consortium, utilizing high-throughput omics technologies and integrative clinical and cross-species systems biology analysis over the past decade. The current focuses of his team include liver cancer risk-predictive molecular biomarkers specific to clinical contexts (e.g., geographic region, liver disease etiology, and patient race/ethnicity), individual risk-stratified personalized cancer screening based on cost-effectiveness, chemoprevention target discovery, radiogenomics, molecular subtype-guided liver cancer therapies, and informatics methodology and software by utilizing patient-derived tissues/cells, liquid biopsy of circulating biomolecules, single-cell omics, molecular digital spatial tissue profiling, clinical diagnostic platforms, nanomedicine technologies, and high-power computation. Dr. Hoshida is an active member of several professional organizations, including the American Association for Cancer Research, the American Association for the Study of Liver Disease, the American Gastroenterological Association, and the American Society of Clinical Oncology.
Honors and Awards	Fellow: American Association for the Study of Liver Diseases (2022) Fellow: American Gastroenterological Association (2021) CPRIT Scholar in Cancer Research: Cancer Prevention and Research Institute of Texas (2018) Elected Member: American Society for Clinical Investigation (ASCI) (2018) Career Scientist Award: Irma T. Hirschl Trust (2015-2018) Dr. Harold and Golden Lamport Research Award: Columbia University (2015) Research Fellowship: Charles A. King Trust (2007-2009) Research Resident: Viral Hepatitis Research Foundation (2003-2004)



APASL Oncology 2026 Tokyo

"Treatment Dynamics of Liver Tumors"

Abstracts

Sponsored Seminars

Dr. Atsushi Hiraoka
Chief, Gastroenterology Center,
Ehime Prefectural Central Hospital,
Japan

Hepatocellular Carcinoma and Remaining Clinical Issues in the HCV Eradication Era

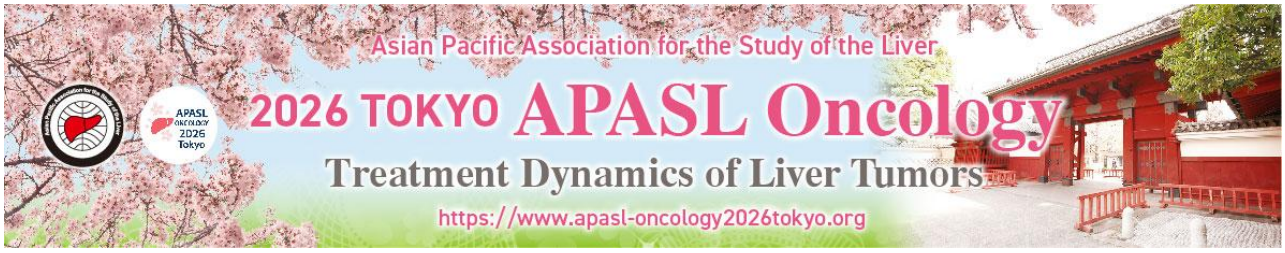
Hepatitis C virus (HCV) was discovered in 1988, and early treatment strategies relied on limited therapeutic options such as interferon and ribavirin. In that era, completion of treatment was often challenging due to substantial adverse events, and treatment efficacy varied widely among patients. As a result, HCV infection was long regarded as a chronic, difficult-to-cure disease with significant clinical heterogeneity.

The subsequent introduction of direct-acting antivirals (DAAs) dramatically changed the therapeutic landscape of HCV. With appropriate use of DAAs, shorter treatment durations, improved tolerability, and markedly higher sustained virologic response (SVR) rates became achievable. These advances transformed HCV infection into a curable disease for the vast majority of patients. However, the successful eradication of HCV has also revealed new clinical challenges that require careful consideration in the current era.

In this lecture, we focus on the characteristics of the DAA regimen glecaprevir/pibrentasvir (MAVIRET), with particular emphasis on its safety profile. MAVIRET is widely recognized for enabling an 8-week treatment course in non-cirrhotic patients, offering a highly convenient and effective option in routine clinical practice. Nevertheless, although MAVIRET has been available in Japan for more than eight years, the accumulated real-world safety data have not been fully shared or discussed, particularly in aging patient populations with multiple comorbidities. We will review the safety outcomes observed in long-term clinical use and discuss practical considerations for its appropriate application in daily practice.

Beyond antiviral efficacy, the HCV eradication era has brought renewed attention to residual clinical issues that persist even after SVR is achieved. Among these, hepatocellular carcinoma (HCC) remains a major concern, as the risk of carcinogenesis is reduced but not eliminated following viral clearance. In addition, sarcopenia has emerged as an important prognostic factor in patients with chronic liver disease, including those who have achieved SVR, influencing survival, quality of life, and treatment tolerance. These issues are particularly relevant in aging societies, where balancing oncologic risk, functional status, and life expectancy is increasingly important.

In conclusion, while DAAs have successfully enabled viral eradication in most patients with HCV, optimal management in the post-SVR era requires a comprehensive approach that extends beyond virologic cure. By examining the long-term safety of MAVIRET and addressing ongoing challenges such as HCC and sarcopenia, this lecture aims to provide insights into more appropriate and holistic treatment strategies for patients in the HCV eradication era.



Curriculum Vitae

Name	Atsushi Hiraoka
Current Position, Department, Affiliation	Chief, Gastroenterology Center, Ehime Prefectural Central Hospital
Areas of Interest	Hepatology Hepatitis, hepatocellular carcinoma
Educational and Career Experiences	**Education and job history:** **Education** 1998 MD, Kagoshima University, Japan 2005 PhD, Ehime University, Japan **Career Experiences** 1998 Third department of Internal Medicine, Ehime Univ., Japan 1999 to 2002 Internal medicine, Saiseikai Imabari Hospital, Japan 2002 to 2005 Department of Gastroenterology and Metabology, Ehime Univ., Japan 2005 to present Gastroenterology center, Ehime Prefectural Central Hospital, Japan
Honors and Awards	2006 A research encouragement award of the Japan Society of Gastroenterology 2014 A research encouragement award of the Japan Society of Hepatology 2017 16th Otsuka Award (the Japan Society of Hepatology) 2018 8th Okita Award （the Japan Association of Molecular Targeted Therapy for HCC） 2021 29th Ehime Medical Association Award (the Medical Association of Ehime Prefecture) 2022 Hepatology Research citation Award

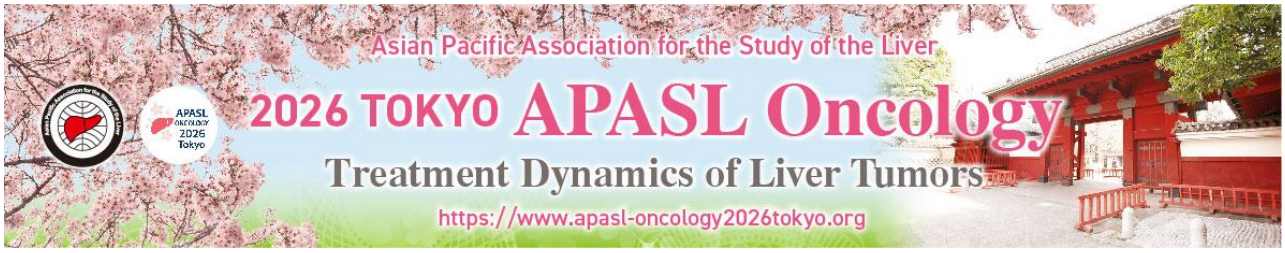
Dr. Nobuharu Tamaki
Deputy director, Department of Gastroenterology and Hepatology,
Musashino Red Cross Hospital,
Japan

Treatment, Retreatment, and Post-Treatment Challenges of Maviret for HCV

Chronic hepatitis C can now be effectively treated in nearly all patients with direct-acting antivirals (DAAs). In a cohort of 1,275 patients treated with glecaprevir/pibrentasvir (GLE/PIB), the sustained virologic response (SVR) rate was 99.1% (JGH Open. 2024 Apr 25;8(4):e13068). Notably, even among patients with a FIB-4 index >3.25 who received only 8 weeks of treatment, the SVR rate was 100%.

For patients who fail initial DAA therapy, current guidelines recommend retreatment with either 12 weeks of GLE/PIB or 24 weeks of sofosbuvir/velpatasvir plus ribavirin (SOF/VEL+RBV). However, as RBV will no longer be available after 2026, SOF/VEL+RBV will not be an option for retreatment. In patients who failed 8-week GLE/PIB therapy, retreatment with 12 weeks of GLE/PIB achieved an SVR rate of 92.3% (Hepatol Res. 2026 Jan 29. doi: 10.1111/hepr.70128.). In addition, retreatment with 12 weeks of GLE/PIB in patients who failed sofosbuvir/ledipasvir (SOF/LDV) resulted in an SVR rate of 99.5%. These findings indicate that high retreatment efficacy can be achieved using currently available regimens.

Although the risk of hepatocellular carcinoma decreases after achieving SVR, it does not disappear completely, particularly in older patients and in those with diabetes or hepatic steatosis. Careful management of comorbidities and continued surveillance of high-risk individuals remain essential to prevent post-SVR complications.



Curriculum Vitae

Name	Nobuharu Tamaki
Current Position, Department, Affiliation	Deputy director, Department of Gastroenterology and Hepatology, Musashino Red Cross Hospital, Tokyo, Japan
Areas of Interest	MASLD Viral Hepatitis HCC
Educational and Career Experiences	**Work Experience** 2006-2008 Ebina General Hospital, Clinical resident 2008-present Musashino Red Cross Hospital 2020-2022.1 NAFLD Research Center, Department of Medicine, University of California San Diego, Visiting researcher 2022.2-present Musashino Red Cross Hospital, Deputy director, Department of Gastroenterology and Hepatology **Education** 2000-2006 Nippon Medical School 2017-2020.3 First Department of Internal Medicine, Graduate School of Medicine, University of Yamanashi

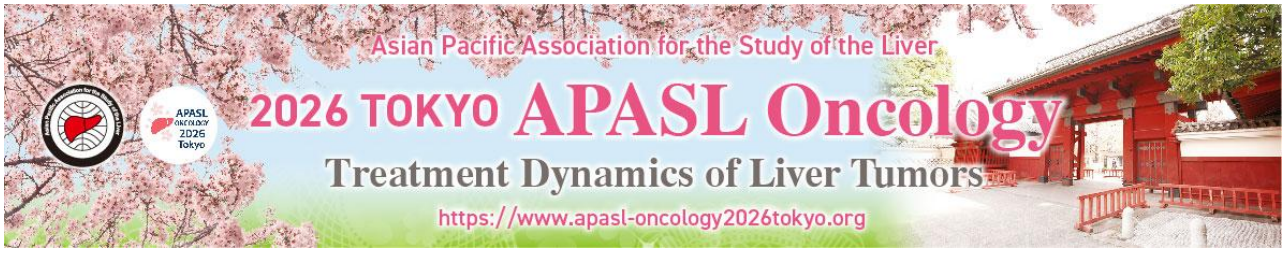
Dr. Nobuhito Taniki
Assistant Professor, Keio University, School of Medicine,
Division of Gastroenterology and Hepatology, Department of Internal Medicine, Japan

Deepening and Advancing Multidisciplinary Treatment for Hepatocellular Carcinoma: Tumor Status–Based Approaches Combining Lenvatinib and Interventional Radiology

Unresectable intermediate-stage hepatocellular carcinoma (HCC) encompasses a broad spectrum of tumor burden and morphology, and treatment goals vary from durable local control to palliative disease control. In routine clinical practice, a substantial subset is considered unsuitable for transarterial chemoembolization (TACE), particularly patients with extensive disease beyond the up-to-7 criteria, infiltrative growth patterns, or multiple asynchronous recurrences. In these settings, durable tumor control with TACE alone is often difficult, and repeated embolization can be accompanied by deterioration of hepatic reserve, potentially narrowing subsequent therapeutic opportunities. Accordingly, an approach that intentionally integrates systemic therapy and interventional radiology (IR) according to tumor status may be clinically meaningful. Rather than treating systemic therapy and TACE as competing options, this concept positions them as complementary modalities deployed in a planned sequence, with each component assigned a distinct role.

In this lecture, we summarize a multicenter retrospective comparison conducted between 2018 and 2024 focusing specifically on unresectable Barcelona Clinic Liver Cancer (BCLC) intermediate-stage HCC judged TACE-unsuitable based on tumor-related factors. The study compared a scheduled upfront lenvatinib regimen with subsequent incorporation of TACE (the LEN–TACE strategy) against lenvatinib monotherapy. The LEN–TACE strategy was designed around a clear division of roles. First, lenvatinib is initiated before TACE with the intent of inducing tumor vascular normalization—modulating intratumoral hemodynamics and potentially creating conditions that render subsequent locoregional therapy more effective. Second, TACE is added on demand at clinically appropriate time points, primarily to achieve tumor debulking and reinforce locoregional control in a selective and targeted manner. Third, lenvatinib is continued after TACE as maintenance systemic therapy to sustain disease control, thereby providing continuity of systemic management while IR is used to address tumor burden where needed.

The key message is the value of tumor status–guided sequencing: systemic therapy is positioned to optimize the vascular and disease context, and locoregional therapy is incorporated strategically as a debulking and control tool, rather than being applied as a default first step. Within this selected TACE-unsuitable intermediate-stage cohort, the LEN–TACE strategy was associated with improved radiologic response and a favorable overall survival compared with lenvatinib alone. Collectively, these findings support the clinical rationale for planned combination and sequencing as a tumor status–based multidisciplinary approach for a subgroup of intermediate-stage HCC in which TACE alone is often disadvantaged, and they provide a practical framework for structuring systemic–IR integration in real-world disease heterogeneity.



Curriculum Vitae

Name	Nobuhito Taniki
Current Position, Department, Affiliation	Assistant Professor, Keio University, School of Medicine, Division of Gastroenterology and Hepatology, Department of Internal Medicine
Areas of Interest	Thermal ablation and systemic chemotherapy of hepatocellular carcinoma Immunology via gut-liver axis
Educational and Career Experiences	2002–2008 Kagoshima University School of Medicine — M.D. (awarded March 2008) 2008–2012 Intern and Resident, Department of Internal Medicine, Keio University Hospital 2013–2017 Ph.D. Program, Keio University School of Medicine Ph.D. completed (March 2019) 2014 Assistant, Department of Gastroenterological Imaging and Interventional Oncology, Juntendo University Faculty of Medicine 2017 Instructor, Division of Gastroenterology and Hepatology, Department of Internal Medicine, Keio University School of Medicine 2021– Assistant Professor, Department of Internal Medicine, Keio University School of Medicine
Honors and Awards	**Contribution Award** 1st Annual Meeting of the Japan Academy of Tumor Ablation, 2023 **Best Presentation Award** 39th Annual Meeting of the Japanese Society for Inflammation and Regeneration, 2018 **Best Presentation Award** 45th Annual Meeting of the Japanese Society for Immunology, 2016 AASLD Presidential Poster of Distinction, 2016

Dr. Teiji Kuzuya
Professor, Department of Gastroenterology and Hepatology,
Fujita Health University, Japan

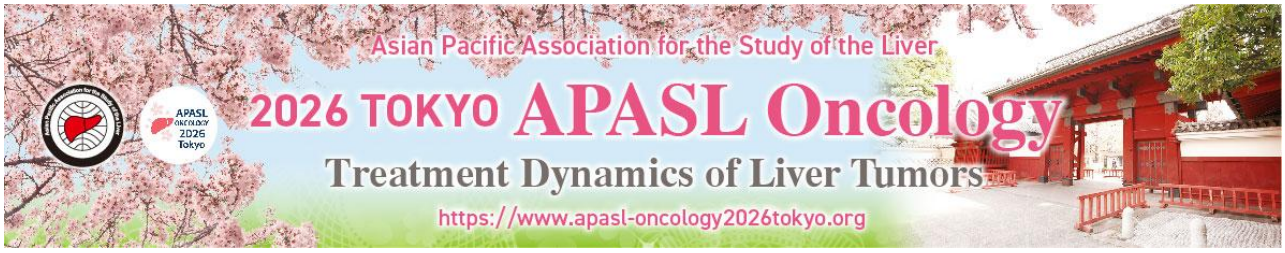
Optimizing Drug Sequencing and Integrated Strategies in Hepatocellular Carcinoma: Maximizing the Therapeutic Potential of Lenvatinib in the ICI Era

In the era where immune checkpoint inhibitor (ICI)–based combinations have become the standard first-line systemic therapy for unresectable hepatocellular carcinoma (HCC), long-term outcomes are increasingly determined not only by initial disease control but also by how effectively patients transition to subsequent therapy after ICI failure while preserving hepatic reserve. This presentation focuses on two key points to maximize the therapeutic potential of lenvatinib (LEN): (1) positioning LEN as the preferred next-line option after ICI-based regimens, and (2) using its anti-VEGF–centered profile to integrate locoregional therapy—particularly on-demand add-on transarterial chemoembolization (TACE)—to pursue deep response.

First, in real-world practice, LEN is frequently selected as a next-line systemic therapy after atezolizumab plus bevacizumab (Atz/Bev) and after durvalumab plus tremelimumab (Dur/Tre), reflecting its favorable balance of antitumor activity and feasibility. A key determinant of post-progression survival is whether patients maintain liver function (e.g., Child–Pugh A/ALBI stability) and performance status at the time of progression, thereby remaining eligible for further systemic therapy. Therefore, “eligibility preservation” through early adverse-event management and dose individualization is central to LEN optimization. Moreover, even after nivolumab plus ipilimumab (Niv+Ipi), a mechanistically rational strategy is to shift toward VEGF pathway inhibition to counter angiogenic and immunosuppressive features of the tumor microenvironment; accordingly, LEN can be considered a preferred next-line option.

Second, LEN has relatively potent anti-VEGF activity, providing a potential synergetic effect with TACE. In patients who maintain systemic control on LEN but harbor localized residual viable intrahepatic disease, on-demand add-on TACE can be considered to intensify intrahepatic tumor clearance and convert disease control into deep response, including a clinical complete response in appropriately selected patients. Critically, this integrated approach requires careful patient selection and timing to avoid deterioration of hepatic reserve.

In summary, optimizing LEN in the ICI era can be framed as an actionable algorithm: use LEN as a preferred next-line therapy after ICI-based regimens (including Atz/Bev, Dur/Tre, and potentially Niv+Ipi), preserve eligibility by maintaining liver function, and integrate on-demand add-on TACE for targetable residual intrahepatic viable disease to maximize durable benefit.



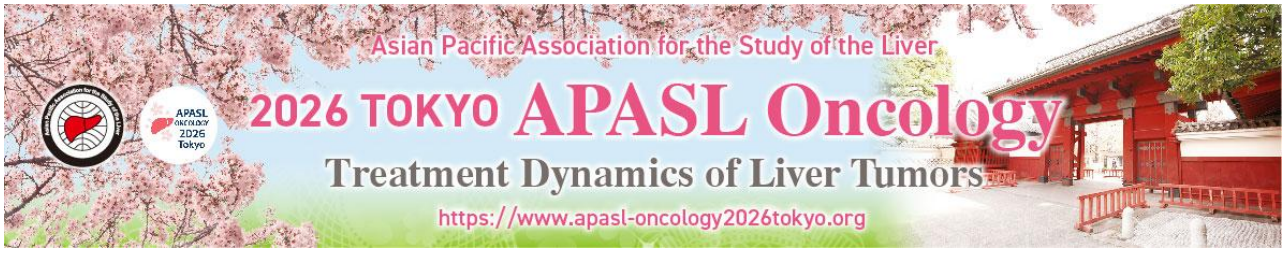
Curriculum Vitae

Name	Teiji Kuzuya
Current Position, Department, Affiliation	Professor, Department of Gastroenterology and Hepatology, Fujita Health University
Areas of Interest	Gastroenterology Liver Cancer
Educational and Career Experiences	**Education:** 1998 MD, Mie University School of Medicine, Tsu, Mie, Japan. 2008 PhD, Nagoya University Graduate School of Medicine, Nagoya, Japan. **Career:** 2011-2019 Assistant Professor, Nagoya University Graduate School of Medicine 2020.1 Lecturer, Nagoya University Graduate School of Medicine 2020.4 Associate Professor, Department of Gastroenterology and Hepatology, Fujita Health University 2023.2. Professor, Department of Gastroenterology and Hepatology, Fujita Health University
Honors and Awards	2010 Best Presentation Award at the 52nd Annual Meeting of the Japanese Society of Gastroenterology, 2010

Dr. Joji Tani
Specially appointed professor, Department of Comprehensive Community Medicine,
Department of Gastroenterology and Neurology, Kagawa University, Faculty of Medicine, Japan

Optimizing Atezolizumab-Bevacizumab Therapy for HCC: Real-World Evidence from 5-Year Multicenter Analysis of 1,200 Cases

Objective: The advent of atezolizumab plus bevacizumab (Atez+Bev) and durvalumab plus tremelimumab (Dur+Tre) therapies has dramatically improved treatment outcomes for first-line therapy in unresectable hepatocellular carcinoma (HCC). This study utilized data from a Japanese multi-institutional collaborative study (HIVE-J) to validate the early mortality reduction and long-term prognosis of Atez+Bev therapy, while examining the validity of treatment strategies including comparison with Dur+Tre and subsequent treatment sequencing.
Methods: We analyzed 1,229 patients who initiated Atez+Bev between September 2020 and June 2025 within HIVE-J. Primary endpoints were overall survival (OS) and progression-free survival (PFS), assessed using Modified RECIST (mRECIST) and RECIST version 1.1. Patients were categorized as "Primary PD group" (PD at initial assessment) or "Acquired PD group" (PD following CR/PR or SD), analyzing prognostic factors and post-progression treatment impact. Among 1,087 evaluable patients with BCLC B/C and Child-Pugh scores 5-7, characteristics and prognosis of conversion therapy achievers were examined over a median follow-up of 14.7 months.
Results: In first-line Child-Pugh class A patients, median PFS was 8.61 months and median survival time reached 27.4 months. Overall ORR was 41.1% and DCR 77.3% by mRECIST (n=1,184). HIVE-J analysis confirmed extremely low early mortality at 6 months post-initiation, validating real-world safety. First-line CP-A patients maintained exceptional 3-year OS rates exceeding 40% and 4-year OS rates surpassing 30%, demonstrating long-term survival achievement through pharmacotherapy. Post-progression analysis revealed: Primary PD group (n=272), subsequent therapy initiation was a prognostic factor for improved outcomes ($P<0.0001$). Acquired PD after SD (n=394) showed potential superiority with concurrent transarterial chemoembolization (TACE) versus molecular targeted agents (MTA) alone. Acquired PD after CR/PR (n=169) demonstrated efficacy with TACE or immune checkpoint inhibitor (ICI) switch, with Atez+Bev continuation beyond PD contributing to survival prolongation. Conversion therapy was achieved in 67 patients (6.2%): 33 resections, 34 locoregional therapies. Conversion achievers exhibited favorable characteristics: Child-Pugh 5 (73.1%), mALBI 1+2a (58.2%), ≤3 tumors (50.7%), AFP <400 ng/mL (73.1%). Conversion occurred in 49/329 CR/PR patients (14.9%) and 18/508 SD patients (3.5%), with median time of 8.3 months. One/2/3/4-year OS rates were 96.9/89.5/82.0/71.1%, with median survival not reached. Multivariate analysis identified PR or better (HR 3.4, $P<0.001$) and mALBI 1+2a (HR 6.2, $P=0.0486$) as independent conversion predictors.
Conclusions: Atez+Bev therapy represents a cornerstone regimen for HCC, suppressing early mortality at 6 months and achieving high survival rates extending to 4-year OS in real-world practice. Leveraging its robust disease control and hepatic reserve preservation, appropriate sequencing and conversion strategies herald a true paradigm shift in the combination immunotherapy era.



Curriculum Vitae

Name	Joji Tani
Current Position, Department, Affiliation	Specially appointed professor Department of Comprehensive Community Medicine Department of Gastroenterology and Neurology Kagawa University, Faculty of Medicine
Areas of Interest	HCC treatment HCV treatment Treatment of Liver cirrhosis
Educational and Career Experiences	Mar 2002 Kagawa University, Medical School Apr 2002 – Aug 2003 Kagawa University Hospital Sep 2003 – Mar 2008 Sakaide City Hospital Apr 2008 – Mar 2017 Kagawa University Hospital Apr 2017 – Mar 2019 Yashima General Hospital Since Apr 2019 Kagawa University Hospital
Honors and Awards	Grant-in-Aid for Scientific Research 2012,2020 and 2025 APASL 2014 Posters of Excellence UEGW 2019 Posters of Excellence APASL STC Busan 2023 Travel award

Dr. Teiji Kuzuya
Professor, Department of Gastroenterology and Hepatology,
Fujita Health University, Japan

How to Optimize Atezolizumab plus Bevacizumab for Real-World HCC: Sequencing, Early Biomarkers, and On-Demand Add-On TACE

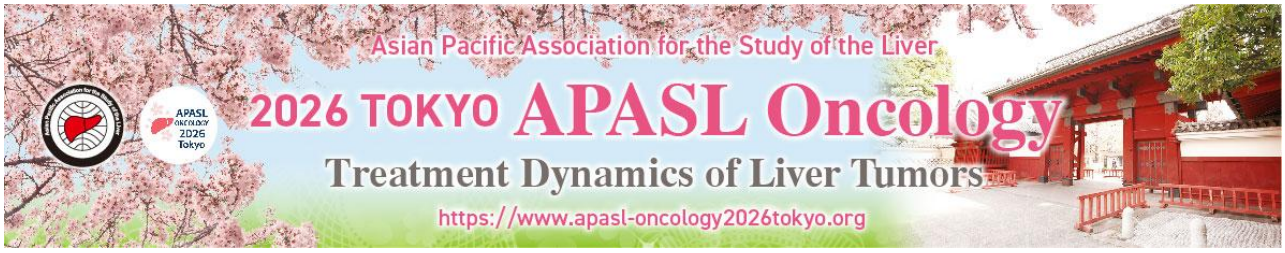
Since 2020, atezolizumab plus bevacizumab (Atz/Bev) has been widely implemented as first-line systemic therapy for unresectable hepatocellular carcinoma (HCC). However, improving long-term outcomes requires more than achieving initial disease control. In real-world settings, durable survival is increasingly driven by three practical pillars: (1) optimizing treatment sequencing through preservation of hepatic reserve, (2) strategically integrating locoregional therapy to pursue deep response, and (3) using early biomarker dynamics to accelerate “the next move.”

First, the core of sequencing is that post-progression survival (PPS) is largely determined by whether patients can maintain liver function (e.g., Child–Pugh A) and performance status at the time of progression, thereby remaining eligible for subsequent systemic therapy. Thus, Atz/Bev should ideally be initiated when hepatic reserve is favorable, and management during therapy should prioritize avoidance of preventable liver function deterioration and treatment-limiting adverse events. In real-world practice, this “eligibility preservation” is a central determinant of overall survival.

Second, the core of add-on TACE is to convert disease control into deep response. In patients who maintain systemic control on Atz/Bev but have localized residual viable intrahepatic disease, on-demand add-on TACE can be considered to intensify local tumor clearance. This ABC-TACE concept aims to upgrade partial response or stable disease toward a clinical complete response, potentially enabling a drug-free interval and translating into prolonged outcomes in appropriately selected patients.

Third, the core of biomarkers is to avoid missing the intervention window. Early kinetics of AFP and DCP during Atz/Bev can help identify primary non-responders and may also signal early loss of response even among initial responders. By detecting treatment failure or impending progression earlier than imaging alone, biomarker-guided monitoring can support timely decisions—such as switching systemic therapy or adding TACE—before overt clinical deterioration.

Together, these real-world insights support an actionable algorithm to maximize long-term benefit from Atz/Bev: preserve hepatic reserve to maintain eligibility for subsequent therapy, pursue deep response with on-demand TACE when intrahepatic viable disease is targetable, and use early AFP/DCP kinetics to time each intervention.



Curriculum Vitae

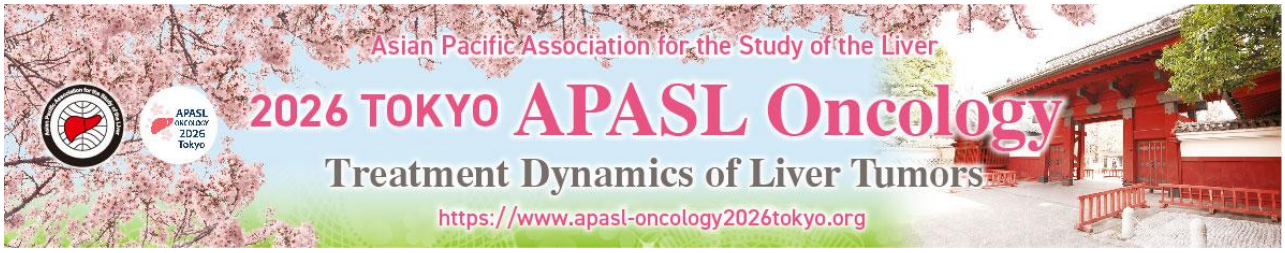
Name	Teiji Kuzuya
Current Position, Department, Affiliation	Professor, Department of Gastroenterology and Hepatology, Fujita Health University
Areas of Interest	Gastroenterology Liver Cancer
Educational and Career Experiences	**Education:** 1998 MD, Mie University School of Medicine, Tsu, Mie, Japan. 2008 PhD, Nagoya University Graduate School of Medicine, Nagoya, Japan. **Career:** 2011-2019 Assistant Professor, Nagoya University Graduate School of Medicine 2020.1 Lecturer, Nagoya University Graduate School of Medicine 2020.4 Associate Professor, Department of Gastroenterology and Hepatology, Fujita Health University 2023.2. Professor, Department of Gastroenterology and Hepatology, Fujita Health University
Honors and Awards	2010 Best Presentation Award at the 52nd Annual Meeting of the Japanese Society of Gastroenterology, 2010

Dr. Takahiro Kodama
Professor and Chairman, Department of Gastroenterology and Hepatology,
Graduate School of Medicine, The University of Osaka,
Japan

Twilight of HCV-Related HCC:
A Decade of Interferon-Free Revolution in Japan

Advances in antiviral therapy have dramatically reduced the global burden of hepatitis C virus (HCV) infection. In Japan, the approval of sofosbuvir/ribavirin (SOF/RBV) therapy in 2015 marked the beginning of sofosbuvir-based regimens, and nearly a decade has passed since their introduction into clinical practice. Sofosbuvir remains the only nucleotide-based NS5B polymerase inhibitor among direct-acting antivirals (DAAs) and has been widely used across disease stages, from chronic hepatitis to decompensated cirrhosis. In this seminar, we will present real-world treatment outcomes of sofosbuvir/velpatasvir (SOF/VEL) for chronic hepatitis C from the Osaka Liver Forum (OLF) cohort, together with efficacy and safety data in patients with decompensated cirrhosis derived from an AMED-funded prospective study.
Despite successful viral eradication, hepatocellular carcinoma (HCC) remains a major long-term complication after DAA therapy. We will review post-DAA HCC incidence and risk factors identified in the OLF cohort, and introduce thrombospondin-2 as a circulating biomarker predictive of HCC development after HCV elimination, highlighting the importance of risk stratification in the post-SVR population.

The latter part of the seminar will provide an overview of HCC management in the post-viral hepatitis era, with a focus on advances in systemic therapy. The emergence of immune-based regimens has expanded therapeutic options for advanced HCC, while underscoring the need for biomarkers to guide optimal treatment selection. We will discuss how insights from tumor biology, circulating biomarkers, and systemic immune characteristics may collectively inform personalized therapeutic strategies and long-term disease control in patients at risk for HCC after viral eradication.



Curriculum Vitae

Name	Takahiro Kodama	
Current Position, Department, Affiliation	Professor and Chairman, Department of Gastroenterology and Hepatology, Graduate School of Medicine, The University of Osaka	
Areas of Interest	Liver Cancer (HCC and ICC) Chronic hepatitis B MASLD/MASH	
Educational and Career Experiences	2002 2011 2011-2012 2012-2016 2016-2025 2026-	M.D. degree from Osaka University Ph.D. degree from Osaka University Graduate School of Medicine. Postdoctoral Fellow at Department of Gastroenterology and Hepatology in Osaka University Graduate School of Medicine Postdoctoral Associate of Cancer Biology Program at The Methodist Hospital Research Institute Assistant professor, Department of Gastroenterology and Hepatology, Graduate School of Medicine, The University of Osaka current position
Honors and Awards	2025 2023 2022 2019 2016 2016 2012 2011 2011	Springer Nature Author Service Award 2025 to Scientific Reports APASL Oncology 2023 Investigator Award 12th Okita award in the JAST-HCC Early Career Investigator Award in Basic Science in The Liver Meeting (AASLD) Young Investigator's Award of Excellence in JSH Single Topic Conference AACR Scholar-in-Training Award in 10th AACR-JCA joint conference Taisho Toyama Award in West Liver Forum CHUGAI Award in The Japanese Society of Hepatology (JSH) Ph.D. with distinction at Osaka University

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"Treatment Dynamics of Liver Tumors"

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Acknowledgement

*The Organizing Committee of **APASL Oncology 2026 Tokyo** would like to express its sincere gratitude to all sponsors and supporting organizations whose generous contributions made this meeting possible.*

We are particularly grateful to our industry partners for their commitment to advancing research, education, and innovation in liver cancer care across the Asia–Pacific region.

*We also wish to acknowledge the outstanding support provided by the **Congress Secretariat, Academia Support Japan**, for their professional management and dedicated assistance in the planning and organization of this conference.*

Finally, we extend our heartfelt appreciation to all speakers, moderators, authors, and participants whose contributions have made this meeting a vibrant forum for scientific exchange and collaboration.

The success of this conference reflects the collective efforts of the global liver oncology community.

Closing Message

Dear Colleagues,

*Thank you for being part of **APASL Oncology 2026 Tokyo**.*
Over the past two days, we have shared new knowledge, exchanged ideas, and strengthened collaborations across the Asia–Pacific region.

Liver cancer remains one of the greatest challenges in global health, and progress will depend on continued partnership among clinicians, researchers, and institutions.

We hope that the discussions and connections made during this meeting will inspire new collaborations and future discoveries.

We look forward to meeting you again at future APASL gatherings.

With sincere appreciation,

Shuntaro Obi, MD, PhD
Chairman, APASL Oncology 2026 Tokyo

[Index of Presentation No.]

*In Alphabetical Order. *0=Moderator of the session

患者さん自らが持つ免疫力を、
がん治療に大きく生かすことはできないだろうか――。
小野薬品とブリストル・マイヤーズ スクイブは、
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2023年3月作成

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APASL STC 2026 Kumamoto

The Asian Pacific Association for the Study of the Liver

APASL Single Topic Conference 2026 Kumamoto

Liver Cancer Control

~Ending Hepatitis, Halting MASLD/MAFLD~

Term

September 18 (Friday) -19 (Saturday), 2026

Venue

Hotel Nikko Kumamoto, Japan

President

Yasuhito Tanaka, M.D., Ph.D.

Chief Professor, Department of Gastroenterology and Hepatology,
Faculty of Life Sciences, Kumamoto University

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