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Título
Neoadjuvant Atezolizumab-Bevacizumab in BCLC-C Hepatocellular Carcinoma: Bridging Advanced Disease to Curative Resection

Introdução
Hepatocellular carcinoma (HCC) with macrovascular invasion (BCLC-C) usually carries poor prognosis and is considered unresectable. Recent systemic therapies, particularly atezolizumab plus bevacizumab, have enabled downstaging and surgical conversion in selected cases. We report successful resection after immunotherapy in advanced HCC with vascular invasion.

Material e Métodos
A 70-year-old man with compensated alcoholic cirrhosis (Child-Pugh A, ECOG 0) had an 88 mm HCC in segment IVb invading the middle hepatic vein and satellites in segments II and III (AFP 293.8 ng/mL). He received atezolizumab-bevacizumab, achieving AFP normalization (<2 ng/mL) and 64% tumor reduction. After 20 months, the main lesion measured 32×29 mm, and he underwent segmentectomy IVb, excision of left lateral lesions, and cholecystectomy (Jan 2025).

Resultados
Histology showed a fibrotic, calcified nodule with a single 8 mm focus of well-differentiated HCC, no vascular invasion, and clear margins (ypT2(m)R0). Non-tumoral liver displayed cirrhosis and marked therapeutic effect.

Discussão
This case illustrates that atezolizumab-bevacizumab can downstage advanced HCC with vascular invasion, allowing curative resection. The near-complete pathological response supports conversion surgery in selected BCLC-C patients responding to immunotherapy.

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