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Effect of preoperative treatment for hepatic resection in patients with hepatocellular carcinoma: does preoperative treatment improve the prognosis after surgery?

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Purpose:

Hepatic resection is a cornerstone in the treatment of hepatocellular carcinoma (HCC) patients. However, after resection, a low resection rate and a high recurrence rate are problematic. In liver transplantation, preoperative treatment has a good outcome, but it is doubtful whether resection shows the same result.

Methods:

From January 2005 to December 2015, 274 patients who underwent curative hepatic resection at our center were included. They were then divided into the hepatic resection-only (Non-PT) group (n=208, 75.9%) and preoperative treatment (PT) group (n=66, 24.1%). Preoperative treatment was transarterial chemoembolization, and the effect after treatment was analyzed by changes in the modified response evaluation criteria in solid tumors (mRECIST) and tumor marker expression [alpha-fetoprotein and protein induced by vitamin K absence/antagonist-II]. In addition, the PT group was divided into responders (complete/partial response in mRECIST or reduced tumor marker expression) and non-responders (stable/progressive disease in mRECIST or increased tumor marker expression). Next, we evaluated the recurrence, disease-free survival rate (DFS), overall survival rate (OS), and various other factors based on the characteristics of the patients and tumors according to the groups.

Results:

For the 274 patients, the recurrence rate was 48.2%; related factors were tumor size, microvascular invasion, T stage, and preoperative treatment. The 5-year DFS and OS rates were 42.6% and 69.8%, respectively. We found no statistically significant difference in the DFS (p=0.397) and OS (p=0.373) rates between the Non-PT and PT groups. In addition, classification according to Milan criteria did not affect DFS or OS. The Non-PT group and responders in the PT group showed no difference between DFS and OS, but non-responders in the PT group showed significantly worse DFS and OS (mRECIST: p=0.029 for DFS, p=0.003 for OS; AFP: p=0.079 for DFS, p=0.002 for OS).

Conclusion:

Hepatic resection remains an effective tool for the initial treatment of HCC. Preoperative treatment did not affect the outcome after resection. If there is no response after preoperative treatment, resection should be considered carefully because the postoperative results are statistically poor. Additional, larger studies are needed to confirm this finding.