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Salvage Hepatectomy For Recurrent Hepatocellular Carcinoma After Radiofrequency Ablation

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Background : Radiofrequency ablation (RFA) is a widely used percutaneous local ablation technique for the treatment of hepatocellular carcinoma (HCC). Yet the optimal treatment for marginal recurrence after RFA is not established, and the role of salvage hepatectomy is still unclear.

Methods : A retrospective analysis was performed on 60 patients who underwent salvage hepatectomy (SH) for recurrent HCC after RFA between January 2004 and August 2022 at a single tertiary referral center. Short-term and long-term outcomes were compared to a matched control group (n = 60) of patients who underwent primary hepatectomy (PH) as initial treatment during the same period.

Results : The two groups showed no statistically significant difference in operative extent, operation time, and intraoperative blood loss. Postoperative morbidity rates were similar, and there was no postoperative mortality in either group. After intention-to-treat analysis, recurrence rates were significantly higher in the SH group for both local recurrence (36 [60.0%] vs. 14 [23.3%], $P < 0.001$) and systemic recurrence (22 [36.7%] vs. 3 [5.0%], $P < 0.001$). The 1-, 3-, and 5-year DFS rates were significantly worse in the SH group compared to the PH group (83.1% vs. 94.5%, 46.9% vs. 70.4%, and 26.2% vs. 66.9%, respectively; $P < 0.001$). Cancer-related death showed higher incidence in the SH group (13 [21.7%] vs. 4 [6.7%], $P = 0.018$). However, the difference in 1-, 3-, and 5-year overall survival rates between the two groups was not statistically significant (93.0% vs. 98.1%, 81.9% vs. 95.8%, and 78.0% vs. 92.2%, respectively; $P = 0.091$).

Conclusions : Salvage hepatectomy is an acceptable treatment option for recurrence after RFA with short-term outcomes comparable to primary resection. However, treatment should be planned carefully, because recurrent HCC after RFA exhibits more aggressive behavior.

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