HBP SURGERY WEEK 2023
MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA
www.khbps.org
& The 58th Annual Congress of the Korean Association of HBP Surgery
The Korean Association of Hepato-Biliary-Pancreatic Surgery

ABST-0154

Downtrend Of Serum Alpha-fetoprotein During Preoperative Lenvatinib Treatment As Prognostic Biomarker After Surgery In Patients With Advanced Hepatocellular Carcinoma

Etsuro HATANO*[1], Masayuki OKUNO[2], Masaharu TADA[2], Ami KURIMOTO[2], Tomohiro OKAMOTO[2], Hideaki SUEOKA[2], Kenjiro IIDA[2], Ikuo NAKAMURA[2], Yasuhiro FUJIMOTO[3]

[1]*Surgery, Graduate School Of Medicine, Kyoto University, JAPAN*
[2]*Gastroenterological Surgery, Hyogo Medical University, JAPAN*
[3]*Transplantation Surgery, Nagoya University Hospital, Nagoya University Graduate School Of Medicine, JAPAN*

Background : To identify prognostic factor in patients with advanced hepatocellular carcinoma (HCC) who underwent surgical intervention after lenvatinib treatment.

Methods : Patients with advanced HCC who underwent surgical intervention for intrahepatic tumor(s) and/or extrahepatic metastases during 2018-2021 were retrospectively analyzed. Post operative complication and the factor associated with progression-free survival (PFS) and overall survival (OS) were evaluated.

Results : A total of 14 patients underwent surgical intervention after lenvatinib treatment for 4-28 weeks during the study period. Two patients had partial response and 12 had stable disease according to RECIST ver. 1.1 criteria. Serum alpha-fetoprotein (AFP) level was significantly lower after lenvatinib treatment than that before lenvatinib treatment (median, 19.2 vs. 196.5 ng/mL, p=0.0081). Eleven patients underwent curative surgery with 14% of major postoperative complication (Clavien-Dindo classification ≥IIIa) rate. Patients who had downtrend of AFP level or within normal range of AFP level during lenvatinib had significantly longer RFS (median, 8.6 months vs. 3.0 months, p=0.0009) and OS (median, unreached vs. 12.4 months, p=0.012) than patients who had AFP level beyond normal range without decreasing during lenvatinib treatment.

Conclusions : Surgery after lenvatinib treatment was safe with acceptable postoperative complication rate. Patients with downtrend or within normal limit of AFP level may be the good candidate for surgical intervention after lenvatinib treatment for advanced HCC.

Corresponding Author : **Etsuro HATANO** (etsu@kuhp.kyoto-u.ac.jp)