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## Liver Transplantation For Combined Hepatocellularcholangiocarcinoma In The Korean Organ Transplantation Registry (KOTRY) Study

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**Background** : Combined hepatocellular-cholangiocarcinoma (cHCC-CC) is rare primary liver tumor with poor prognosis. This study aimed to investigate the outcomes and prognostic factors of liver transplantation (LT) recipients diagnosed with cHCC-CC using the Korean Organ Transplantation Registry (KOTRY) database.

**Methods** : Between April 2014 and December 2019, all LT recipients who diagnosed with cHCC-CC were included. Univariate and multivariate Cox regression analysis were performed to identify prognostic factors.

**Results** : A total number of 40 patients were included in this study. During follow up (median 21.4 months), 10 cases (25.0%) of mortality and 9 cases (22.5%) of recurrence were observed. Overall survival (OS) rates of 1-, 2- and 3-year were 91.8%, 76.2%, and 59.3%. Recurrence free survival (RFS) rate of 1-, 2- and 3-year were 88.8%, 70.5%, and 50.2%. Low MELD score <20 (P=0.017) and small single tumor <3cm (P=0.046) were associated with better OS in Kaplan-Meier curve analysis. Multivariate analysis showed that MELD  $\geq$  20 (P=0.04, hazard ratio [HR] 4.27, 95 % confidence interval [CI]1.07–17.08), perineural invasion (P=0.04, HR 5.14, 95 % CI 1.07-24.69) and portal vein tumor thrombosis (P=0.005, HR 13.43, 95 % CI 2.17-83.21) were poor prognostic factors for OS, and microvascular invasion (P=0.01, HR 4.56, 95 % CI 1.36-15.22) was a poor prognostic factor for RFS.

**Conclusions** : Liver transplantation could be a feasible treatment option for long-term survival in early stage cHCC-CC patients under careful consideration of preoperative MELD score, perineural invasion, portal vein tumor thrombosis and microvascular invasion.

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