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Favorable Prognostic Factors For Survival Outcomes Of Hepatocellular Carcinoma With Portal Vein Tumor Thrombosis After Hepatectomy

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Background : This study aimed to investigate prognostic factors of recurrence and survival associated with hepatocellular carcinoma (HCC) with portal vein tumor thrombosis (PVTT).

Methods : This retrospective study included 161 HCC patients with PVTT who underwent hepatectomy between January 2003 and January 2014 at the Asan Medical Center. Regression analyses were conducted to identify favorable predictive factors for overall survival (OS) and recurrence-free survival (RFS).

Results : The median follow-up was 15.9 months while 1-, 3-, and 5-year OS was 65.0%, 38.4%, and 36.0%, respectively, and 1-year RFS was 25.5%. There were no significant differences in OS and RFS between the patients with portal vein invasion (Vp) 1-2 and Vp3-4 PVTT. Patients with intrahepatic recurrence had significantly better overall survival than patients with extrahepatic recurrence. Transcatheter arterial chemoembolization and radiofrequency ablation were the most effective treatments for intrahepatic metastasis and surgery was the most effective treatment for extrahepatic metastasis. In the multivariate analysis, the absence of esophageal varices, maximal tumor size <5cm, tumor location in single lobe, and anatomical resection were favorable prognostic factors for OS and R0 resection and absence of microvascular invasion were favorable prognostic factors for RFS.

Conclusions : The long-term outcome of HCC patients with PVTT can be improved under consideration of favorable prognostic factors including absence of esophageal varices, maximal tumor size <5cm, tumor location in single lobe, and anatomical resection, R0 resection, and absence of microvascular invasion. In addition, recurrent HCC required aggressive management to prolong overall survival.

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