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Prognostic Significance Of Nodular Number In Patients Undergoing Hepatic Resection Of Intermediate-stage Hepatocellular Carcinoma (BCLC Stage B): An International Multicenter Observational Study

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Background : Expanding the indication for hepatic resection relative to Barcelona Clinic Liver Cancer (BCLC) intermediate-stage hepatocellular carcinoma (HCC) (i.e., multinodular HCC exceeding Milan criteria) remains controversial. We sought to identify the prognostic impact of nodular HCC number among patients undergoing hepatic resection for BCLC intermediate-stage HCC.

Methods : Using a multicenter database, patients who underwent curative-intent resection for BCLC intermediate-stage HCC were reviewed. Patients were categorized into the binodular and tri(+)nodular (≥ 3 nodules) groups based on nodular number. Long-term overall survival (OS) and recurrence-free survival (RFS) were compared. Univariate and multivariate Cox-regression analyses were used to identify the risk factors associated with OS and RFS after hepatic resection of BCLC intermediate-stage HCC. Additional analyses were performed to examine outcomes among patients with binodular versus uninodular large HCC (single nodule > 5 cm; BCLC early stage).

Results : Among 338 patients with BCLC intermediate-stage HCC, 187(55.3%) and 151(44.7%) had binodular and tri(+)nodular diseases, respectively. Median OS and RFS among patients with binodular HCC were 49.6 and 22.2 months, respectively, which were significantly better than the outcomes among patients with tri(+)nodular HCC (33.5 and 13.7 months, $P=0.036$ and 0.009 , respectively), yet comparable to patients with uninodular large HCC (59.8 and 26.8 months, $P=0.144$ and 0.311 , respectively). Multivariate analyses demonstrated that binodular HCC was independently associated with better OS and RFS after hepatic resection of BCLC intermediate-stage HCC.

Conclusions : Compared with tri(+)nodular HCC, patients with binodular HCC had a more favorable survival after resection of BCLC intermediate-stage HCC, which was comparable to a specific subset of BCLC early-stage HCC (uninodular large HCC). These data suggested the importance of nodular number relative to prognostic stratification and surgical recommendation for intermediate-stage HCC.

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