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Pre-operative Trans Arterial Treatment Improves Survival In HKLC Stage IIb Group Of Hepatocellular Carcinoma: Do We Finally Have A Neoadjuvant Treatment In HCC

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Background : Trans arterial therapy (TAT), which includes bland embolization, Trans-arterial chemoembolization (TACE) and trans-arterial radioembolization (TARE) in hepatocellular carcinoma takes advantage of its predominant arterial supply. TACE has established its role in locally advanced HCC. Role of TAT in neoadjuvant setting has limited evidence and is a less ventured territory. In the present study, we highlight the effect of preoperative TAT on survival in comparison with similar group of patients who underwent upfront surgery.

Methods : Data of surgically operative consecutive HCC operated between January 2010 till September 2022 was collected from a prospectively maintained database. All patients were staged as per HKLC staging and all treatment decision was taken in dedicated Multidisciplinary Liver Clinic. Primary objective was assessing overall survival (OS) and disease free survival (DFS) and factors affecting it by univariate and multivariate analysis. Subset analysis was done in HKLC IIb stage.

Results : Median OS and DFS in the study population(n=289) were 50.3 months and 25.1 months respectively. On subset analysis, in HKLC IIb stage patients who had received TAT(n=71) had better DFS and OS than group who underwent upfront surgery(n=136). Median DFS were 44 months versus 18.8 months (p value=0.006) and median OS were 90.9 months versus 40.4 months (p value=0.002) respectively.

Conclusions : TACE is an accepted standard of treatment in HKLC IIIA and IIIB. Preoperative TAT is promising in IIb stage HCC. It has role in bringing about tumor downstage, preventing intraoperative tumor dissemination and assessment of multicentricity. However this needs to be assessed in prospective trials.

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