Oral Presentation IV

IV-1

Analysis of 800 Resected Hepatocellular Carcinomas for 10 Years

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Purpose: Though several effective non-surgical modalities have been actively adopted for hepatocellular carcinoma (HCC) patients, hepatectomy is undoubtedly the standard modality for resectable HCC. The purpose of this study is to show the clinical characteristics of resected HCC patients and to analysis the prognostic factors for recurrence after resection.

Patients and Methods: Between 2001 and 2011, 800 hepatectomies for HCC were performed in National Cancer Center. The patients' data were reviewed retrospectively. For the survival analysis we include the 533 patients with minimal follow-up of 2 years. Survival rate were calculated by Kaplan-Meier method and uni- and multi-variate analysis for prognostic factor were done by log-rank test and Cox proportional hazard model.

Results: Male was predominant (M:F=82.3%:17.7%) and median age was 56 (12-83). Hepatitis B surface antigen were positive in 77.3% and anti-hepatitis C antibody positive in 7.2% and most of patients were Child-Pugh Class A (98%). TACE were done preoperative in 35.9%. Patients with ICG R15 >10% were in 57.6% and patients with platelet <80K were in 11.5%. AFP were elevated (>12 ng/ml) in 63.2%. For the operation detail, major hepatectomies (≥3 segments) were done in 50.1% and intraoperative transfusion in 5.6%. Mean hospital stay was 12 days and 4 patients (0.5%) were died during hospital stay after surgery. One-year/3-year/5-year/7-year survival rates after surgery were 90%/77%/68%/61% respectively and 1-year/3-year/5-year/7-year disease-free survival rates were 68%/49%/37%/33% respectively. With the uni- and multi-variate analysis for recurrence, platelet <80K, GPT>40IU, HBV(+), ICG R15>10%, intraopertive transfusion ≥3 pints, multiple tumor, tumor size>10cm, satellite nodule (+), tumor necrosis>10%, microvascular invasion(+), major vessel invasion (+), serosa invasion (+) and resection margin (+) were independent significant prognostic factors.

Conclusions: Hepatectomy for HCC has became so safe. Seven-year survival rates were over 60% however nearly half of them have been alive with the event of recurrence, which suggests the significance of active and proper treatment for recurred HCC patients after hepatectomy. Resection margin and intraoperative transfusion which were the significant factors for recurrence could be surgery-related therefore surgeon should be eager to keep resection margin negative and to reduce the intraoperative bleeding.

IV-2

Surgical Outcomes after Hepatectomy for Hepatocellular Carcinoma with Concomitant Portal Hypertension in the Cirrhotic Patients

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Background and Aims: Hepatic resection for Hepatocellular carcinoma (HCC) is potentally curative treatment for selected patients. The outcome of hepatectomy in cirrhotic patients has improved remarkably in the recent year. However, the roles of portal hypertension on the postoperative course are still uncertainis. The aim of this study was to evalulate surgical outcomes of hepatectomy in these patients with portal hypertension.

Methods: Data of 256 cirrhotic patients who underwent hepatectomy for hepatocellular carcinoma from January 1997 to December 2010 in our hospital were collected retrospectively. Patients were divided into two groups according to preoperative presence of portal hypertension; 103 patients with portal hypertension and 153 without it.

Results: No difference were encounted in terms of age, sexual difference, etiology of liver disease, AFP, differentiation, blood transfusion. Patients with portal hypertension had worse preoperative hepatic function (Child-Pugh A class patients: 88.3% vs 96.1%, B class