Surgery Tied To Better OS In Huge Liver Tumors

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Surgical resection of huge hepatocellular carcinomas was linked with better survival outcomes versus transarterial chemoembolization (TACE), researchers found.

Surgical resection as the first treatment for huge hepatocellular carcinomas was associated with higher 1-, 2-, and 3-year overall survival rates (69.7 percent, 58.6 percent and 51.7 percent, respectively) compared with TACE (40.2 percent, 33.9 percent, and 18.5 percent, respectively), according to Moon Seok Choi, MD, PhD, of Sungyunkwan University School of Medicine in Seoul, Korea, and colleagues.

In a multivariate analysis, characteristics positively associated with survival included albumin (hazard ratio 0.54, 95 percent CI 0.34-0.85, *P*=0.008) and surgical resection (HR 0.44, 95 percent CI 0.28-0.70, *P*=0.001), they wrote online in *Clinical Hepatology* [1].

Characteristics adversely associated with survival included male sex (HR 1.90, 95 percent CI 1.01-3.58, *P*=0.048) and ascites (HR 1.77, 95 percent CI 1.02-3.08, *P* =0.044), they added.

The authors noted that patients presenting with huge tumors -- 10 cm or greater in diameter -- have worse survival [2] than those with smaller tumors. Past research has shown that ablative treatment followed by a waiting period [3] was superior to rapid transplantation.

But resection of huge carcinomas is "technically difficult and usually requires major hepatic resection, which can be associated with an increased risk of operative mortality," the current researchers stated.

They compared long-term outcomes for surgical resection versus TACE for huge hepatocellular carcinoma and evaluated potential prognostic factors tied to survival. Resection was performed in 84 patients and TACE was performed in 267 patients from 2000 to 2009.

The primary endpoint was overall survival (OS). Additional outcomes included prognostic factors for OS, and were explored through univariate and multivariate analyses in the propensity score-matched cohort.

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[1] http://onlinelibrary.wiley.com/doi/10.1111/jgh.12504/abstract
[2] http://www.ncbi.nlm.nih.gov/pubmed/1332922
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