LV Best OP 1

Surgical resection should be considered in resectable solitary hepatocellular carcinoma with portal vein tumor thrombosis of patients with child A

Jong Man KIM, Sangjin KIM, Seo Hee LEE, Gyu-Seong CHOI, Jae-Won JOH

Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Korea

Introduction : Surgical resection and locoregional therapies such as combination transarterial chemoembolization (TACE) and/or radiation therapy (RT) are commonly used in those patients. The aim of present study is to compare the outcomes between surgical resection and combination therapy included TACE and RT in resectable solitary HCC with PVTT.

Methods : We prospectively enrolled in resectable solitary HCC with PVTT between 2010 and 2015. Resectability was defined by three experienced surgeons. Patients were selected using propensity score matching.

Results : All patients were Child-Pugh class A and ECOG performance grade ≤1. Forty-four patients underwent surgical liver resection (SR group) and 72 patients received combination therapies (Combination group). Age, AFP, PIVKA-II, and tumor size were significantly different between the two groups. Therefore, propensity score matching used four variables. Thirty-five patients in the SR group and 45 patients in the combination group were selected after propensity score matching. The 1-year, 2-year, and 3-year patient survival rates were 85.7%, 71.3%, and 68.2% in the SR group and 68.9%, 53.2%, and 38.1% in the combination group (P=0.008). Multivariate analysis showed that surgical resection, low platelet counts, and male are closely associated patient survival in solitary HCC with PVTT.

Conclusions : Surgical resection may improve patient survival in solitary resectable HCC wih PVTT patients. Surgical liver resection is always considered as curative treatment in solitary resectable HCC with PVTT in patients with Child A

Corresponding Author. : **Jong Man KIM** (yjongman21@gmail.com)