

Treatment strategy for recurrent HCC: Is there any difference between primary and recurrent HCC?

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Lecture : In clinical practice, the second-line treatment after failure of the initial curative treatment is common because of the recurrence nature of the HCC. Unfortunately, a prospective controlled study comparing outcomes of each second-line treatments has not been conducted except for second-line systemic treatment. Therefore, we should check for fragmentary and descriptive data on the effectiveness of the second-line treatment and find the best option available at the moment.

The rate of post-operative recurrence owing to local dissemination or de novo carcinogenesis is about 50–70% at 5 years after surgical resection. Typically, recurrence within 2 years after surgery is classified as early recurrence and recurrence after 2 years is classified as late recurrence. Unlike intrahepatic metastasis which is multiple in most cases, de novo recurrence is usually a single tumor and can be indicated for curative re-operation or local treatment.

According to many retrospective studies, patients who could have redo hepatectomy for intrahepatic recurrence showed good prognosis with a 5-year OS rate of 50% (range, 22–83%). The meta-analysis comparing the effects of each of loco-regional treatments revealed that there was no difference in survival benefit among the treatment modalities for recurred tumors after surgery. Therefore, considering the remaining liver function and the location and number of recurrences, appropriate treatment options should be selected.

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