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Role and Limitation of Hepatic Arterial Infusion Chemotherapy

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Introduction : The patients with advanced hepatocellular carcinoma (HCC) have a poor oncologic outcome. In this study, we evaluated role and limitation of Hepatic Arterial Infusion Chemotherapy (HAIC) in patients with advanced HCC and the efficacy of liver resection after downstaging following HAIC.

Methods : This retrospective study included 103 inoperable HCC patients with Child-Pugh class A were treated with HAIC between April 2003 to march 2015. The early response and overall response were evaluated by Modified Response Evaluation Criteria In Solid Tumors (mRECIST) and the alpha-fetoprotein (AFP) ratio. Liver resection was performed to patients who were considered to obtain a tumor-free resection.

Results : The early response was better than overall response. Response rate and disease control rate were 37 (36.3%) vs 20 (19.6%) and 83 (81.4%) vs 45 (44.1%), respectively. The median survival time (MST) in all patients was 13 months. The MST was significant different according to early response to HAIC (disease control and AFP ratio ≤1, 16 months; disease control and AFP ratio >1, 13 months; disease progression and AFP ratio ≤1, 7 months; disease progression and AFP ratio >1, 5 months; P= 0.000). 12 patients (11.7%) underwent liver resection following HAIC and the median survival was 37 months. Liver resection was only independent prognostic factor that associated with overall survival in multivariate analysis (P=0.002).

Conclusions : HAIC could be another alternative to treat patients with advanced HCC who have preserved hepatic functional reserve. Evaluating the response to HAIC and the feasibility of operation early would provide good long-term outcomes.

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