

中文題目：過去和近期肝癌患者肝癌分期、治療策略和存活的差異：單一醫學中心從1986至2010年7852病例的分析

英文題目：Difference of stage, treatment strategy and survival of patients with hepatocellular carcinoma between past and recent periods: An analysis of 7852 cases of a single center from 1986 to 2010

作者：紀廣明¹ 王景弘¹ 王植熙² 陳泰益³ 黃郁傑⁴ 盧勝男¹

服務單位：高雄長庚醫院 胃腸肝膽科系¹ 一般外科² 放射診斷科³ 放射治療科⁴

Background: Hepatocellular carcinoma (HCC) is one of the major cancers in Taiwan. In these 3 decades, lots of preventive strategies have been conducted to prevent and control liver disease, for examples: disposal syringe, blood donor screening, hepatitis B vaccination, anti-viral treatment for chronic hepatitis B and C, and et al. They results in decreasing impacts of liver diseases. In this single center study, we will analysis the secular changes of clinical manifestation, survival and treatment of HCC in these 25 years.

Materials and Methods: A database of cases with HCC between 1986 and 2010 has been established in Kaohsiung Chang Gung Memorial hospital. During past period (1986~2001) and recent period (2002~2010), a total of 3892 and 3960 cases, who were diagnosed as HCC, were enrolled into the study. The method of transcatheter arterial embolization (TAE) was not changed throughout study periods. Survival curves of cases treated with TAE were used to compare the difference between these two periods. Barcelona Clinic of Liver Cancer (BCLC) staging system was used for analysis. This system divided into five stages, including stages 0 (very early), A (early), B (intermediate), C (advanced), and D (terminal). In BCLC stage 0 and A, curative treatment was recommended in treatment guidelines.

Results: In the past period, the distributions of patients with HCC in BCLC stage 0, A, B, C, and D was 3.4%, 21.8%, 37.7%, 22.6%, 14.5%, respectively. The distributions of patients with HCC in BCLC stage 0, A, B, C, and D was 9%, 30.4%, 23.7%, 29.2% and 7.8%, respectively in the recent period, that significantly different with past period ($P<0.001$). The proportions of cases with early stage HCC (include stages 0 and A) that underwent treatment with TAE from past period to recent period, has been decreased significantly from 48.5% to 28% in stage 0 ($P<0.001$), and 53.5% to 30.3% in stage A ($P<0.001$). BCLC stage-specific overall survival improved from past period to recent period except stage D. In addition, BCLC stage-specific post-TAE overall survival also improved from past period to recent period in all stages significantly (all $P<0.001$) except stage D ($P=0.307$).

Conclusion: (1) More and more cases of HCC were diagnosed in early stage. Early

detection of HCC was the favorable outcomes of surveillance of high risk subjects, such as chronic hepatitis B and C. (2) More cases of HCC in early stages underwent curative treatment. Selection of a prompt treatment modality should be related treatment guidelines and consensus promotion (3) Improve of stage-specific overall survival in all and post-TAE cases with HCC might be results in some causes other than early detection and prompt treatment. Anti-viral treatment for HCC cases with chronic hepatitis B and C may be one of the reasons. Early detection of tumor recurrence and prompt re-treatment for recurrent tumor might also be important.