

中文題目：未曾接受外科治療的肝細胞癌患者之可介入性預後因子

英文題目：Associated intervention factors of prognosis in patients with hepatocellular carcinoma underwent non-surgical treatment

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Background: Most of hepatocellular carcinoma (HCC) staging systems predict prognosis of patients. However, most of determined factors, such as tumor involvement, alphafetoprotein (AFP) levels and liver function reserve, were unchangeable. In this study, we try to explore interventional factors of the prognosis in HCC cases underwent non-surgical treatment.

Methods: All cases in a medical center in southern Taiwan from 2002 to 2012, and met all below criteria were enrolled in this study. They were (1) met consensus diagnostic criteria, (2) underwent the 1st two treatments in the Hospital (3) treated by non-surgical treatment and (4) viable cases should be observed for more than 5 years. Among them, 1136 (61.9%) died within two years, 451 (24.6%) died between 2 to 5 years after diagnosis (defined as Group A), and 247 (13.5%) survived for 5 years or longer (defined as Group B). To compare interventional factors between groups A and B, the unchanged factors were matched using propensity score matching (PSM).

Results: Before matching, Group B had significantly better liver function reserve, earlier Barcelona-Clinic Liver Cancer (BCLC) stage and low AFP levels. Furthermore, interventional factors, such as initial treatment by radiofrequency ablation (RFA), recurrence after 1 year, complete treatment of recurrent tumor, retreatment by RFA and anti-viral treatment, were also associated with good prognosis. After PSM (n=247 in each group), only BCLC staging, recurrence after 1 year, complete treatment of recurrent tumor and anti-viral treatment, were the only 4 significant factors. Limited in patients with BCLC stage 0 (n=40 in each group), complete treatment of recurrent tumor, and anti-viral treatment, were the only 2 significant factors (p=0.036 & p=0.002). Limited in patients with BCLC stage A (n=123 in each group), recurrence after 1 year and complete treatment of recurrent tumor were the only two significant factors (p=0.030 & p<0.001). Limited in patients with BCLC stage B (n=46 in each group), anti-viral treatment was the only borderline significant factor (p=0.058). Since only 11 cases with BCLC stage C in group B, no further analysis was conducted.

Conclusions: Recurrence after 1 year, complete treatment of recurrent tumor, and anti-viral treatment, were the only 3 significant interventional factors associated with

good prognosis. Based on this study, we learn that we should try our best to obtain complete response in the loco-regional treatment, to detect recurrent tumor earlier and to provide anti-viral treatment if feasible.