中文題目:大型單一顆的肝臟腫瘤有別於 BCLC stage A 及 B

英文題目: The prognosis of single large hepatocellular carcinoma was distinct from the BCLC stage A or B

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*Background* : The Barcelona Clinic Liver Cancer (BCLC) staging system is the most widely applied staging system of patients with hepatocellular carcinoma (HCC). However, whether single large hepatocellular carcinoma (SLHCC) is classified as the Barcelona Clinic Liver Cancer (BCLC) stage A or B is still controversial till now. We aimed to compare the clinical manifestations, treatment modality and prognosis among patients with SLHCC and those in the BCLC stage A and B.

*Methods*: We enrolled 2635 treatment-naïve HCC patients with BCLC stage A or B from 2007 to 2015. Factors in terms of prognoses were analyzed by multivariate analysis.

**Results:** There were 1560 patients with tumors within the Milan criteria (single tumor  $\leq$ 5cm or two or three nodule  $\leq$ 3cm, group A), 466 patients with SLHCC (single tumor > 5cm, group B) and 609 patients with two or three nodules > 3cm or > 3 nodules but without vascular invasion or extra-hepatic metastasis (BCLC stage B, group C), respectively. After a median follow-up duration of 22.5 months, 974 patients dead. The cumulative 1-, 3-, and 5-year cumulative survival rates were 90.6% vs. 72.2% vs.58.8 %, 75.0% vs. 54.5% vs. 42.6%, and 66.3% vs. 40.5% vs. 27.3% for patients in the group A, B and C, respectively (p < 0.001). Multivariate analysis disclosed that serum albumin  $\leq$ 3.5 gm/dL (hazard ratio, HR 1.695, 95% confidence interval 1.406-2.041, p< 0.001), bilirubin > 1.0 mg/dL (HR 1.327, 95% CI 1.089-1.618, p=0.005), alkaline phosphate > 100 U/L (HR 1.334, 95% CI 1.104-1.612, p=0.003), creatinine > 1.0 mg/dL (HR 1.538, 95% CI 1.288-1.838, p< 0.001), alpha-fetoprotein > 20 mg/mL (HR 1.731, 95% CI 1.460-2.073, p<0.001), non-curative therapy (HR 2.294, 95% CI 1.883-2.786, p<0.001), staging (group A as reference, group B HR 1.479, 95% CI 1.209-1.810, p< 0.001, group C HR 1.265, 95% CI 1.147-1.396, p< 0.001). Subgroup analysis across different demographic characteristics, liver functional reserve, tumor factors and treatment modalities also confirmed patients with group B had an intermediate overall survival rate between those in the group A and C.

*Conclusions*: Patients with solitary large HCC had an overall survival rate between BCLC stage A and B and the results were consistent by a multivariate analysis and subgroup analysis. They should be classified as a distinct group from BCLC stage A and B. Moreover, curative treatment modality provided a better survival than palliative therapy regardless of tumor stage.