

中文題目：單一腫瘤且小於三公分並合併食道胃靜脈曲張之肝癌患者，接受手術切除及熱射頻治療之預後比較

英文題目：A Comparison of Prognosis between Surgical Resection and Radiofrequency Ablation Therapy for Patients with Single and Small Hepatocellular Carcinoma(<3cm) and with Esophagogastric Varices

作者：楊晴涵<sup>1</sup>，魏正一<sup>1,2</sup>，蘇建維<sup>1,2</sup>，黃怡翔<sup>1,2</sup>，侯明志<sup>1,2</sup>

服務單位：<sup>1</sup>台北榮總醫院內科部，<sup>2</sup>台北榮總醫院內科部胃腸肝膽科

**Background:** Surgical Resection (SR) is not recommended for patients with hepatocellular carcinoma (HCC) and with esophagogastric varices (EGV) due to the potential risk of post-hepatectomy liver failure by the current HCC practice guidelines. Instead, radiofrequency ablation (RFA) therapy is suggested in this clinical setting. However, the treatment efficacy and long-term outcomes between SR and RFA for such patients has not been well investigated till now. We aimed to compare the long-term prognosis between SR and RFA for patients with single and small HCC and with EGV

**Method:** This retrospective study enrolled 138 patients with treatment-naïve single small (< 3cm) HCC and with EGV who underwent SR or RFA as the first-line treatment from 2003 to 2017. EGV was diagnosed by an esophagogastroduodenoscopy at the time of HCC diagnosis. Prognostic factors were analyzed by the Cox proportional hazards model.

### **Results:**

A total of 25 patients underwent SR and the remaining 113 patients received RFA, respectively. Compared to their counterparts, patients who underwent SR were younger in age, and better liver functional reserve presenting by higher serum albumin level and more with Child-Pugh Grade A. After a median follow-up duration of 45.1 months, 83 patients died. The cumulative 5-year overall survival (OS) rate was significantly higher in patients who underwent SR than those treated by RFA (67.8% vs. 43.7%,  $P=0.026$ ). Multivariate analysis showed that patient with age > 65 years (hazard ratio HR 2.366, 95% confidence interval CI 1.479- 3.785,  $P<0.001$ ), RFA (HR 2.051, 95% CI 1.024- 4.109,  $P=0.043$ ) were the independent risk factors predictive of poor OS for single and small HCC patients with EGV.

### **Conclusions:**

Single and small(<3cm) HCC patients with EGV who underwent SR had a significantly higher OS than those who received RFA. Hence, SR could be recommended as the first-line treatment modality for patients with single and small(<3cm) HCC and with EGV.