中文題目：Statin 與降低 BCLC 期別 0/A 肝癌病人手術後復發率相關

英文題目：Stain is associated with low recurrent risk in BCLC stage 0-A hepatocellular carcinoma patients after curative resection

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Background:

Statin use is associated with reduced risk of hepatocellular carcinoma (HCC). However, the effect on HCC recurrence is still unclear.

Aims:

To evaluate the effect of statin use on HCC recurrence after curative resection in whole general population.

Patients and Methods:

We enrolled 820 Barcelona Clinic Liver Cancer (BCLC) stage 0 or A HCC patients who received primary resection from January 2001 to June 2016 at Kaohsiung Chang Gung Memorial Hospital. Exposure to statin was defined as the use at least 3 months before HCC recurrence. Factors influence the overall survival (OS) and recurrence-free survival (RFS) were analyzed by Cox's proportional hazards models.

Results:

Of 820 patients, 46 (5.6%) received statin (statin group) and 774 (94.4%) did not (non-statin group). During a mean 76.5 months of follow-up, 440 (53.7%) patients experienced recurrence, and 146 (17.8%) patients died. The cumulative incidence of HCC recurrence in the statin group was significantly lower than that in the non-statin group ($p = 0.001$), but there was no significant difference on OS. In the multivariate analysis, liver cirrhosis (hazard ratio [HR] : 2.207; $p < 0.001$), tumor number (HR : 2.657 ; $p = 0.001$), tumor size (HR : 1.656 ; $p = 0.003$) and vascular invasion (HR : 1.570; $p = 0.004$) were independent risk factors for HCC recurrence, but statin use (HR : 0.382 ; $p = 0.005$) and nucleos(t)ide analogues (NA) therapy (HR : 0.520 ; $p < 0.001$) were found to significantly decrease the risk for HCC recurrence. After propensity score matching, the statin group still had a lower RFS than the non-statin group.

Conclusions:

Statin use may have chemo-preventive effect on HCC recurrence in patients after curative resection.