

Liver Transplant for Hepatocellular Carcinoma: Single Medical Center Experience in Taiwan

Authors : Yu-Chih Wang, Chia-Yu Lai, Hsiao-Tien Liu, Yi-Ju Chen, Shao-Bin Cheng

Abstract : Liver transplant has been one of the curative treatment options for hepatocellular carcinoma under certain oncological conditions. Two of the most validated criteria are from Milan in 1996 and UCSF in 2001, suggesting number and size limits of tumor without vascular invasion or distant metastasis. We performed a retrospective cohort study of hepatocellular carcinoma patients undergoing liver transplant between August 2003 and December 2020 in our institute. Clinical and pathological characteristics, survival outcome, and recurrent pattern were analysed. UCSF criteria was applied for living donor transplantation, and Milan criteria was applied for deceased donor transplantation. Of 180 total patients, 52 cases (28.8%) with diagnosis of hepatocellular carcinoma, including 26 living donor (LD) and 26 deceased donor (DD) liver transplant. Complete pathological remission was significantly more in the DD group ($p=0.009$). Pathological reports showed that 30.8% of DD group exceeded Milan criteria, and 19.2% of LD group exceeded UCSF criteria. After a median follow-up of 52.2 months, the 1-year, 3-year and 5-year overall survival was 87.6%, 74.1%, and 71.8%, respectively. Meanwhile, progression-free survival was 93.1%, 85.7%, and 81.6% for 1, 3, and 5-year, respectively, similar to that in Mazzaferro et al, 1996. We concluded that Liver transplant could be applied cautiously in expanded criteria for patient with hepatocellular carcinoma.

Keywords : liver transplant, milan criteria, UCSF criteria, living donor transplantation, deceased donor transplantation

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