

Abstract

Current problem of shortage of liver grafts, advocating primary liver transplantation for patients with early HCC associated with compensated cirrhosis will increase waiting time of transplantation and further increases the chance of dropout. Resection first and salvage transplantation (SLT) for recurrent tumors or liver failure has been shown to be a feasible strategy in the majority of patients. This appears to be the optimal strategy with the best use of organs and can be offered for intrahepatic recurrences.

From February 1975 to April 201, we retrospective review patients with HCC in Paul Brousse hospital who resected or transplanted including drop out group from transplantation waiting list. Eight-hundred and fifty HCC patients were enrolled into this study. On waiting list of PLT patients were transplanted 464cases(87.3%) (cirrhosis 389cases(73.2%), non-cirrhosis 75cases(14,1%)). Sixty-seven cases(12.3%) were drop out (cirrhosis 37cases(6.9%), non-cirrhosis 30cases(5.6%)). Three-hundred and nineteen patients were resected (cirrhosis 274cases(85.8%), non-cirrhosis 45cases(14.1%)). Transplantable and non-transplantable patients in resection group were 202cases(73.7%) and 72cases(26.2%), respectively. One-hundred and forty-seven patients (72.7%) had recurrence after resection and transplantation served as salvage procedure in 39 patients(27%).

Comparison of overall survival and disease free survival between PLT-SLT and PLT-Resection based on Intention-to-treat analysis are our primary and secondary endpoint, respectively.

Conclusion

Strategy of SLT is feasible for recurrent disease in selected cirrhotic patients; overall survival rate comparable with PLT but still have significant higher in recurrence rate and lower in disease free survival rate. Liver resection should be considered in selected patients due to high rate of tumor recurrence, worse overall survival and disease free survival when compare with PLT.

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