

Extended safe hepatic resection criteria in Hepatocellular carcinoma by modern combine test (AHR + FLR) in Thailand

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Objective

To evaluate the post-operative clinical outcome and complication , morbidity , mortality and long-term survival in patients undergoing a liver resection for HCC based on “Criteria for safe hepatic resection” compared with extended indications by modern combine test [Allowance hepatic resection (AHR %) combine with CT liver volumetry (future liver remnant: FLR)]

Material and methods

A prospective cohort database in Nation Cancer institute of Thailand (HPB unit). Patients undergoing liver surgery for HCC between October 2013 - November 2016 were included in this study 30 cases and then we finding 5 cases for suitable extended indications by modern combine test (AHR + FLR). Routinely perform the ICG clearance test (ICG-R15) for all patients and demonstrate AHR (%). CT liver volumetry program was done for evaluation for future liver remnant.

The primary endpoint was *1 year survival, disease free survival and overall survival*. Secondary endpoints were all complications: a liver surgery-specific complication and other postoperative complications.

Results

No major intraoperative complication or death during surgery. This study haven't got any 30-days mortality. No post-operative major complication such as a liver surgery-specific complication and other postoperative complications. *1 year survival rate* was 100%, *disease-free survival and overall survival* were > 13 months (13-33 months) and we will collected the data go on through the future.

Conclusion

Liver resection for HCC with extended indication criteria seems justified. This study showed that we can extend the safety limit of extended indications by modern combine test (AHR + FLR) group in some good risk patients for more curative resection and survival.