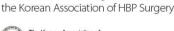


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Surgical Strategies For HCC≤3 Cm Based On Tumor Biology

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Lecture: Background: Early hepatocellular carcinomas (HCC≤3 cm) are generally considered to have low malignant potential; however, some of them display pathological microvascular invasion (MVI). Methods: Clinical data of 414 patients with a single HCC≤3 cm underwent curative hepatic resection (HR) were retrospectively analyzed, and preoperative predictors for MVI were identified. Using another cohort including 149 patients, our predictors for MVI in HCC≤3 cm were validated. In 428 patients with single HCC≤3 cm who had predictors for MVI, survivals was compared among anatomical HR (n=149), partial HR (n=227), and radiofrequency ablation (RFA) (n=52). Results: The positive rate of MVI reached 40.6% (168/414 patients). The independent predictors for MVI were as follows: tumor diameter≥2 cm (odds ratio 1.84), alpha-fetoprotein (AFP)≥200 ng/ml (odds ratio 1.82), and des-gamma-carboxy prothrombin (DCP)≥40 mAU/mI (odds ratio 1.79). Matching at least one predictor among these three could predict MVI in HCC≤3 cm well (sensitivity 82.8%, positive predictive value 48.7%). This criterion could also predict MVI in HCC≤3 cm well in another cohort (sensitivity 82.8%, positive predictive value 30.3%). In patients with single HCC≤3 cm matching our criterion for predicting MVI, anatomical HR led to significantly better survival in both disease-free (Hazard ratio 0.689, p=0.0231) and overall (Hazard ratio 0.589, p=0.0316) survivals. Conclusion: Matching at least one factor among three (tumor diameter≥2 cm, AFP≥200 ng/ml, or DCP≥40 mAU/ml) can predict MVI in HCC≤3 cm. In such patients, anatomical HR would be recommended to improve survival.