

中文題目：經動脈化學栓塞治療在未曾治療過肝癌病患的十年經驗

英文題目：Ten Years Experiences of Transarterial Chemoembolization in Patients with Treatment-Naïve Hepatocellular Carcinoma

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Background: Transarterial chemoembolization (TACE) is a standard treatment for intermediate stage hepatocellular carcinoma (HCC), but factors associated with survival should be determined. Our study aimed to investigate whether the survival of the patients undergoing TACE changed in the past decade, and to prove whether ALBI grade being an important prognostic factor.

Methods: Consecutive 982 treatment-naïve HCC patients undergoing TACE as the initial treatment from 2007 to 2016 in Taipei Veterans General Hospital were retrospective reviewed. Detailed tumor characteristics and liver function of all cases were carefully recorded. Factors associated with survival were analyzed.

Results: The mean age was 67.6 years old with male predominant (75.6%). Of them, 472 (48.8%) were hepatitis B surface antigen (HBsAg)-positive and 319 (33.0%) were antibody to hepatitis C virus (anti-HCV)-positive. The distribution of tumor stages were 190 (19.3%) in BCLC A, 570(58%) in BCLC B, and 222 (22.6%) in BCLC C/D. The proportions of patients in Albumin-Bilirubin (ALBI) grade 1/2/3 were 28.1%/64.1%/7.8%. A total of 2,759 TACE were performed for 982 patients. In the multivariate analysis, male gender, ALBI grade, AAR, TACE after 2012, AFP level, tumor size, tumor number, times of TACE, post-TACE surgery or transplantation were significantly associated with overall survival. Of the 570 cases in BCLC-B, the median overall survival (mOS) in patients receiving TACE before and after 2012 were 21.3 versus 29.7 months (P=0.006). In multivariate analysis, TACE after 2012, ALBI grade 1, AFP ≤200 ng/ml, tumor size ≤10cm, and post TACE surgery or liver transplantation, were still significant factors associated with survival in BCLC-B patients.

Conclusions: TACE is widely applied in HCC patients, not limited to BCLC B in Taiwan. ALBI grade is an important factor associated with survival in patients undergoing TACE. TACE can serve as a bridge therapy for surgery or liver transplantation to improve survival. Better survival of TACE after 2012 implies the improvement in the technique of TACE and the care of multi-disciplinary team.