

中文題目：早期肝癌切除後DAA藥物治療可以降低肝癌的復發

英文題目：Direct-acting antiviral therapy reduces the recurrence risk in patients with hepatitis C virus-related early stage hepatocellular carcinoma after curative resection

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Background: There is controversy over the effects of direct-acting antiviral (DAA) therapies for hepatitis C virus (HCV) infection on hepatocellular carcinoma (HCC) recurrence.

Aim: We aimed to compare HCC recurrence between DAA-treated and untreated HCV-infected patients who had received curative resection.

Method: We conducted a retrospective cohort study of patients who were mono-infected with HCV-related early HCC (BCLC stage 0/A) with curative resection from 2001 through 2019 at Kaohsiung Chang Gung Memorial Hospital. HCC recurrence and overall survival of patients were compared between DAA-treated and untreated groups by multivariate adjusted Cox regression analyses.

Result: Of 152 patients with mono-infected HCV-associated early stage HCC, 48 cases achieved a sustained virological response (SVR) by DAA, and 104 cases were not treated with any antiviral therapy (non-treatment group). During mean follow-up duration of 62.8 months in non-treatment group, 62 (59.6%) patients developed HCC recurrence, and 39 (37.5%) died; during mean follow-up duration of 19.6 months after SVR in DAA-treated group, 5 (10.4%) patients developed HCC recurrence, and 3 (6.3%) died. By multivariate analysis, DAA therapy ($P=0.05$; hazard ratio (HR), 7.064], liver cirrhosis ($P=0.006$; HR, 2.443), microvascular invasion ($P=0.008$; HR, 2.367) and AFP >200 ($P=0.041$; HR, 2.136) were risk factors for HCC recurrence. In predictors for mortality, liver cirrhosis ($P=0.046$; HR, 2.113) and microvascular invasion ($P=0.012$; HR, 2.631) were independent prognostic factors.

Conclusion: Among patients who underwent curative hepatectomy for HCV-related early HCC, DAA therapy was associated with a significantly lower risk of HCC recurrence compared with untreated patients.