

中文題目：吸煙仍是早期肝細胞癌經初次切除後 5 年無復發之患者再次復發的危險因素

英文題目：Comparison between Bicuspid and Tricuspid Aortic Regurgitation in Asian population: Presentation, Survival and Aorta Complications

作者：劉安哲¹，蔡明釗¹，王植熙²，林志哲²，劉約維²，顏毅豪¹

服務單位：¹長庚醫療財團法人高雄長庚紀念醫院胃腸肝膽科系，²長庚醫療財團法人高雄長庚紀念醫院肝移植外科中心

Background: Although hepatocellular carcinoma (HCC) is notorious for its high rate of recurrence after curative resection, very late recurrence can also occur after more than five years without recurrence. The risk of first recurrence within years five to ten remains unknown. This study aimed to assess the incidence and prognostic factors for very late recurrence among patients with HCC who achieved five years' recurrence-free survival (RFS) after primary resection.

Methods: Retrospective analysis of 337 patients diagnosed with early-stage HCC who underwent primary tumor resection between January 2001 and December 2016 and achieved more than five years' RFS after resection.

Results: After the median follow-up of 126 months, 77 patients (22.8%) had developed recurrence. The cumulative very late recurrence rate increased from 6.9% and 11.7% to 16.6% at 6, 7, and 8 years, respectively. Multiple tumors and smoking were associated with very late recurrence. In subgroup analysis, patients who stopped smoking had a lower rate of very late RFS than current smokers ($p = 0.061$).

Conclusion: The high rates of very late recurrence in HCC indicate that patients warrant continued surveillance, even after five recurrence-free years. Moreover, smoking is a risk factor for very late HCC recurrence, and quitting smoking can reduce the risk of very late recurrence.