

中文題目：評估對於肝動脈栓塞療法反應不佳的肝細胞癌病人，接受肝動脈灌注化療的效果

英文題目：Hepatic arterial infusion chemotherapy for hepatocellular carcinoma

non-responsive to transarterial embolization

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Background: Hepatocellular carcinoma (HCC) ranks the 2nd cause of cancer death in Taiwan.

TACE/TAE is usually suggested as a treatment option in patients with unresectable HCC.

However, the response rate of TAE is not high and the effective treatment for HCC patients non-responsive to TAE is controversial.

Aim: To investigate the efficacy of HAIC for HCC non-responsive to TAE.

Method: From 2004 to 2020, we retrospectively reviewed the data of patients with HCC non-responsive to TAE and treated with HAIC. The baseline characteristics and clinical outcomes were evaluated.

Results: Total 90 patients including 68 males and 22 females were enrolled in this study. Forty-one (45.6%) patients had HBV infection and forty (44.4%) patients had HCV infection. Eighty-two (91.1%) patients had cirrhosis. 69 (76.7%) patients had Child ‘A and 12 (13.3%) patients had Child’s B liver reserve. The ALBI grade was 13.5 / 82.0 / 4.5% for grade I/II/III respectively. Twenty-four (26.7%) patients had portal vein invasion and 8 (8.9%) patients had extrahepatic metastasis. The mean numbers of TAE sessions prior to HAIC were 3.5. All patients received mean 2.3 courses of HAIC, and none of them had immediate major complications. The overall 3-, 6-, 9-, 12-month survival rates were 78.9%, 58.9%, 36.7%, and 28.9%. The median overall survival time was 10.2 months. The response rate was 8.9% and patients who had response had better survival (borderline significance, P=0.079).

Cox-regression multi-variate analysis identified PV invasion as an independent factor associated with mortality (P=0.067).

Conclusion: HAIC may be an effective treatment option in HCC non-responsive to TAE.