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PREDICTIVE FACTORS OF INTRAHEPATIC RECURRENCE AMONG HEPATOCELLULAR CARCINOMA (HCC) PATIENTS IN LIVER CENTRE, MALAYSIA.

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Background:

Hepatocellular carcinoma (HCC) is one of the common tumor in Malaysia with now days increase rate of intrahepatic recurrence. The main objectives of the study were to measure the recurrence free survival of the patients and to understand the influencing factors contributed to it.

Material and Methods:

A retrospective cohort study measuring the recurrence free survival of HCC patients who received treatment in Selayang Hospital was conducted from 1 January 2003 to 31 December 2006. The recurrence free survival time was measured from the date of treatment until the subjects had intrahepatic recurrence, or failed to follow-up at the end of the study period (31 December 2007).

Results:

Of 209 HCC patients, 101 (48.3%) had intrahepatic recurrence with median 29 months of survival rate. Surgical treatment significantly ($p=0.002$) contributed 58.4% (66 patients) to intrahepatic recurrence while nonsurgical treatment only 36.5% (35 patients) in which TACE; 37.0% (30 patients), RFA; 36.4% (four patients) and PEI; 25.0% (one patient only). Kaplan Meir analysis showed that only types of treatment of non-surgical significantly gave a recurrence free survival of median 26 months (95CI% 23.35-28.65) compare to surgical with median 19 months (95CI% 13.48-24.52). Others factors such as age, gender, ethnic, married status, smoking status, alcohol consumer status, hepatitis status, AFP level, Child Pugh Class, size tumor and number of nodules were not significant. Only types of treatment became predictive factor of intrahepatic recurrence as non-surgical contributed 1.5 times to have it compared to surgical treatment (cHR 1.8, 95CI% 1.10-2.74; aHR 1.5, 95CI% 1.02-2.32).

Conclusion:

HCC patients need to educate and promote more in view of choice of treatment as surgical give a better recurrence free survival rate. Patients who diagnosed early can be offer surgical treatment which may reduce intrahepatic recurrence.

Keywords:

HCC, intrahepatic recurrence, surgical, predictive factor