LV-OP-2-5

Liver transplantation for combined hepatocellular carcinoma and cholangiocarcinoma in Korea

Jong Man KIM^{*1}, Dong Jin JOO², Shin HWANG³, Nam-Joon YI⁴, Je Ho RYU⁵, Yang Won NA⁶, Dong-Sik KIM⁷,
Doo Jin KIM⁸, Young Kyoung YOO⁹, Hee Chul YU¹⁰, Myoung Soo KIM²

¹Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea

²Department of Surgery, Yonsei University College of Medicine, Seoul, Korea

³Department of Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

⁴Department of Surgery, Seoul National University College of Medicine, Seoul, Korea

⁵Department of Surgery, Pusan National University College of Medicine, Yangsan, Korea

⁶Department of Surgery, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, Korea

⁷Department of Surgery, Korea University College of Medicine, Seoul, Korea

⁸Department of Surgery, Gachon University Gil Medical Center, Gachon University College of Medicine, Incheon, Korea

⁹Department of Surgery, College of Medicine, The Catholic University of Korea, Seoul, Korea

¹⁰Department of Surgery, Jeonbuk National University Medical School, Jeonju, Korea

Introduction: There is still no consensus about the actual role of liver transplantation (LT) in the therapeutic algorithm of combined hepatocellular-cholangiocarcinoma (cHCC-CC) because of low incidence and few clinical information.

Methods: We retrospectively identified 111 patients at nine centers from 2001 to 2019 in Korea.

Results: Of the 111 patients, 85.6% (n = 95) was male and the median age was 54 years (range, 31–66 years). HBV is 82% (n = 91) and HCC is 96% (86.3%) preoperatively. Seventy-four patients (66.7%) received locoregional therapy (LRT) before LT. Median tumor size was 2.5 cm (range, 0.5–7.2 cm) and the ratio of beyond Milan criteria was 40.5% (n = 45). The 1-year, 3-year, and 5-year disease-free survival rates and tumor-related patient survival rates were 77.6%, 56.3%, and 51.1% and 84.4%, 63.8%, and 56.7%, respectively. The extrahepatic site was 75.5% as an initial tumor recurrence site in recurrent tumor patients. Numbers of LRT before LT > 3 and tumor size > 3 cm were closely associated tumor recurrence and early tumor recurrence within 1 year after LT. Tumor size > 3 cm was only predisposing factor for tumor-related death.

Conclusions: It is difficult to diagnose cHCC-CC before LT, but a good prognosis can be expected if the tumor size is less than 3 cm in pathology.

Corresponding Author: Jong Man KIM (yjongman21@gmail.com)

Presenter: Jong Man KIM (yjongman21@gmail.com)

Copyright © The Korean Association of Hepato-Biliary-Pancreatic Surgery

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.