

Hepatobiliary Cancer

abstr 0825

Advanced Stage, Not Advanced Age, Influences the Survival of Patients with Combined Hepatocellular Carcinoma and Cholangiocarcinoma

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Background: Combined hepatocellular carcinoma and cholangiocarcinoma (HCC-CC) of the liver are rare. As a result, few studies of HCC-CC have had enough patients to accurately define their natural history and to determine the factors that affect patient survival. The objective of this study was to examine patient and tumor factors in HCC-CC and to determine prognostic factors for disease-specific survival (DSS) using the Surveillance, Epidemiology, and End Results (SEER) Program database.

Methods: The Surveillance, Epidemiology, and End Results (SEER) Program database was used to identify cases of HCC-CC diagnosed between 1973 and 2004. The χ^2 statistic was used to determine significant differences between groups of patients, tumors, and treatment factors. HCC-CC disease-specific survival was calculated for patients. Significant differences in survival were determined by Cox regression in multivariate analyses.

Results: A total of 380 cases of histologically confirmed HCC-CC of the liver were identified. HCC-CC of the liver accounted for approximately 0.87% of hepatobiliary tumors. Only 20% of all patients had undergone cancer-directed surgery. By logistic regression analysis, black race, widowed status, higher tumor grade, advanced stage, and earlier diagnosis year were significantly correlated with decreased utilization of cancer-directed surgery. Overall, 5-year DSS was 1.02%, with a median survival of 3 months. In multivariate analysis, localized disease, recent year of diagnosis, and cancer-directed surgery were found to be significant favorable prognostic factors for DSS.

Conclusions: HCC-CC are rare tumors that are challenging. Better therapy is needed to improve patient outcome.