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[Hepatobiliary Cancer](#)

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Liver Transplant for Hepatocellular Carcinoma: Younger Age, Tumor Grade and Pathologic Complete Response to Pre-Transplant Treatment at Time of Surgery Are Best Predictors of Disease-Free Survival

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Background: Parameters such as clinical stage predict for patient survival and tumor recurrence after liver transplant (LT) for hepatocellular carcinoma (HCC).

Objective: To determine other clinical parameters associated with disease-free survival (DFS) and recurrence-free survival (RFS) in patients with HCC after LT.

Methods: Retrospective analysis of 57 patients with HCC who underwent LT between 2004 and 2008.

Results: The median age at presentation was 57 ± 7 years, and 29 (51%) patients were Caucasian. The median time on waiting list was 40 days, median AFP at LT was 8.4 ng/mL, and the tumor stage in 24 (42%) patients was initially outside of the Milan criteria. Thirty-nine (68%) patients received pre-transplant therapy (chemoembolization, yttrium-90, or ablation), and 6 pathologic complete responses (pathCR) were observed. Median DFS was 26 ± 18.8 months, and median RFS was 32 ± 18.4 months. The tumor recurred in 9 (16%) patients. Multiple logistic regression analysis identified three factors as prognostic markers for prolonged DFS: younger age ($P = .006$), well-differentiated tumor histology, and pathCR to pre-transplant therapy ($P = .027$) at the time of surgery. All patients with pathCR are alive without evidence of tumor recurrence.

Conclusion: In patients undergoing LT for HCC, younger age, well differentiated tumor histology, and pathCR to pre-transplant therapy predict longer DFS.