

LIVER TRANSPLANTATION FOR HEPATOCELLULAR CANCER

THE GOOD THE BAD AND THE UGLY

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HEPATOCELLULAR CANCER PATIENT

- WHAT DO WE CARE ABOUT?
 - LOWER BIOLOGIC MELD
 - LESS RESOURCES
 - QUICKER HOSPITALIZATION
 - WHAT DO WE WORRY ABOUT?
 - PATIENTS OFTEN AT HOME
 - PRIOR TREATMENTS
 - RECURRENCE
 - WRONG OPERATION
- 

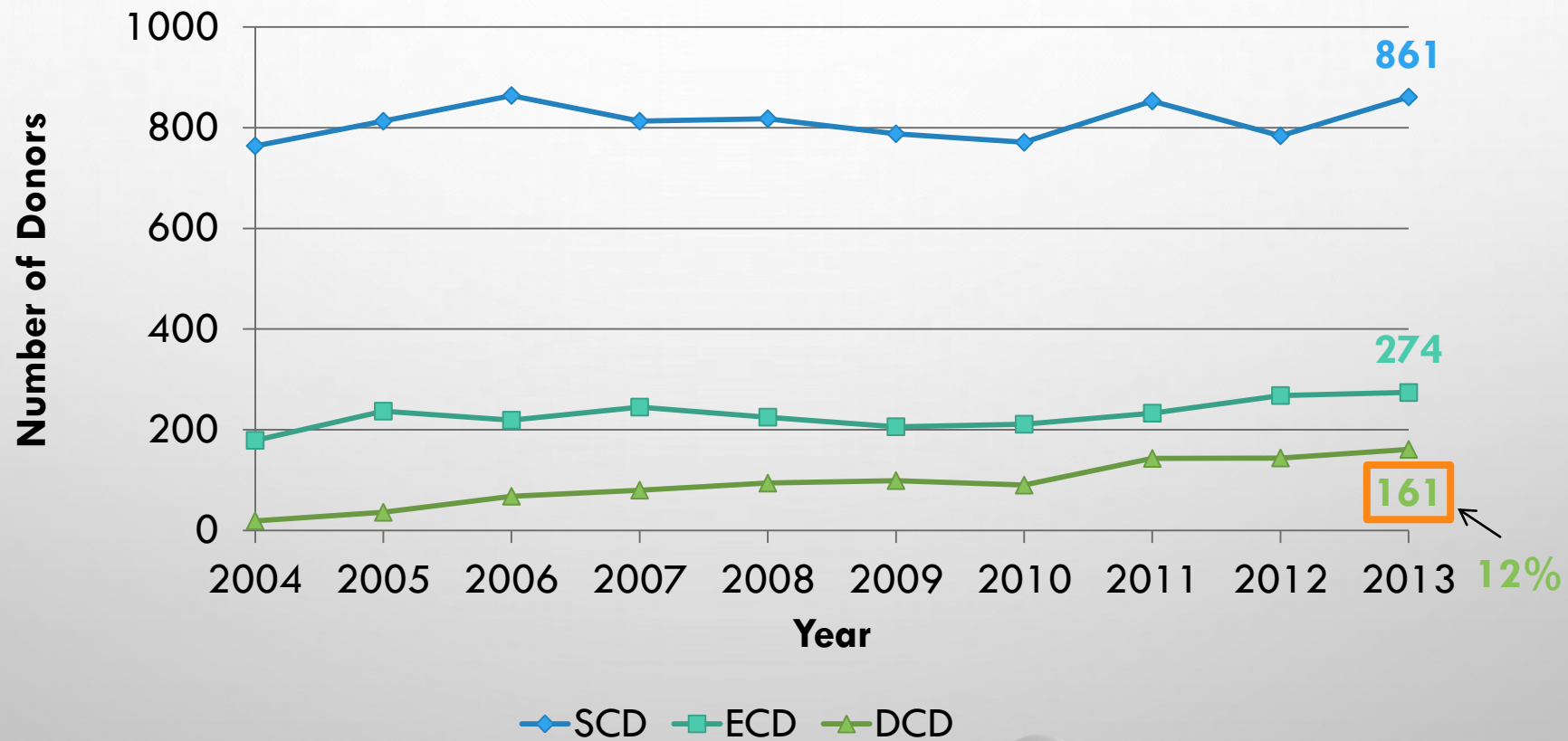
Deceased Donation 2012-2013 Region 5

	Donors Recovered	Organs Recovered	Organs Transplanted	OTPD
2012	1,196	4,285	3,807	3.18
2013	1,296	4,731	4,124	3.18
% Change	8.4%	10.4%	8.3%	0.0%

DECEASED DONORS BY TYPE


2004-2013

REGION 5



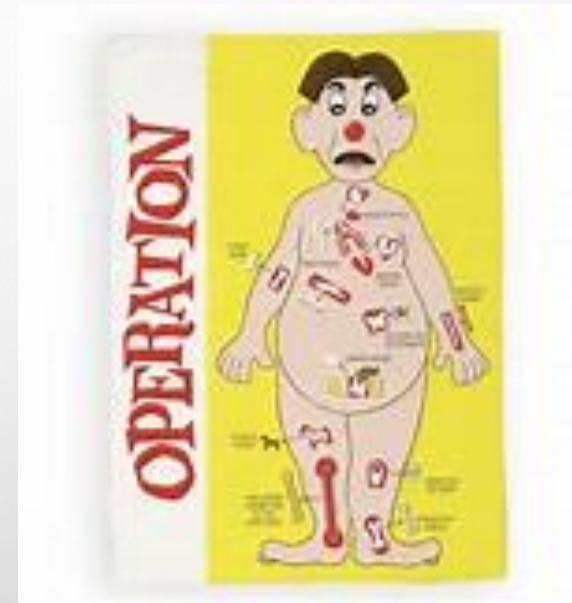


THE GOOD

- LOWER BIOLOGIC MELD
 - EXCEPTION POINTS
 - AVERAGE WAIT TIME IN REGION FIVE 11 MONTH
 - COMPENSATED PATIENT
 - EXTENDED CRITERIA GRAFT
 - DECEASED CARDIAC DONOR GRAFT
- 

THE GOOD

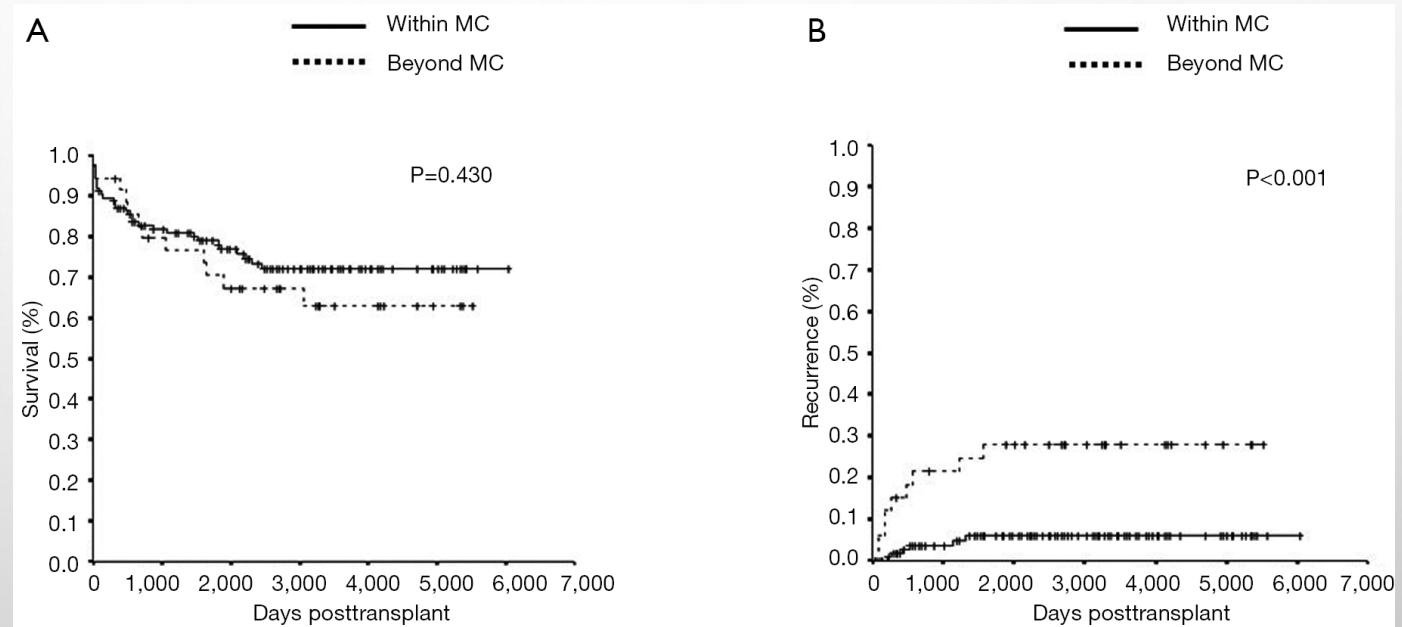
- LOGISTICS
 - 2-4 HOURS OPERATIVE TIME
 - < 4 UNITS BLOOD
 - 3-5 DAY HOSPITAL STAY
- OUTPATIENT
 - REHAB
 - RETURN TO ACTIVITIES OF DAILY LIVING



THE GOOD

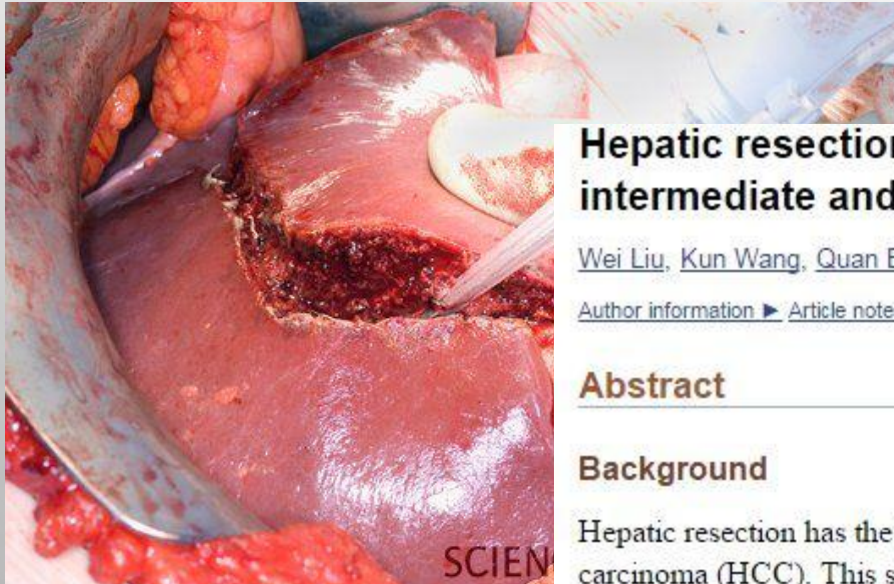
- SURVIVAL

- 1 YEAR 90%
- 3 YEAR 80%
- 5 YEAR 55%



THE BAD

- IS IT NECESSARY?
 - SMALL LESION TREATED AND NO EVIDENCE OF TUMOR WITHIN ONE YEAR
 - SOLITARY LESION IN A COMPENSATED PATIENT
 - RESECTION IN CHILD-PUGH SCORE A/B



Hepatic resection provided long-term survival for patients with intermediate and advanced-stage resectable hepatocellular carcinoma

[Wei Liu](#), [Kun Wang](#), [Quan Bao](#), [Yi Sun](#), and [Bao-Cai Xing](#)✉

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Abstract

Go to:

Background

Hepatic resection has the highest local controllability that results in long-term survival for hepatocellular carcinoma (HCC). This study aimed to investigate the role of hepatic resection in selected patients of intermediate and advanced stage.

THE BAD

- TUMOR PATIENTS CANNOT EXCEED MELD 34
 - MARGINAL DONORS
 - DROPOUT RATE OF 18% AT TWELVE MONTHS

Time of Dropout From the Liver Transplant List in Patients With Hepatocellular Carcinoma: Clinical Behavior According to Tumor Characteristics and Severity of Liver Disease.

[Salvalaggio PR¹](#), [Felga GE²](#), [Guardia BD²](#), [Almeida MD²](#), [Pandullo FL²](#), [Matielo CE²](#), [Evangelista A²](#), [Curvelo L²](#), [Rocco RA²](#), [Alves JA²](#), [Meirelles RF Jr²](#), [Filho SP²](#), [de Rezende MB²](#), [Pedroso PT²](#), [Diaz LG²](#), [Rusi MB²](#), [Viveiros MM²](#), [Neves DB²](#).

⊕ Author information

Abstract

BACKGROUND: Prolonged time on the waiting list affects post-transplant survival of patients with hepatocellular carcinoma (HCC). However, it is not yet known which patients will be at higher risk for early dropout from the list. We investigate specific risk factors for early waiting list dropout in patients with HCC.

- DOWN STAGING
 - NO STANDARD INCLUSION CRITERIA
 - NO STANDARDIZED WAY OF LOCOREGIONAL CONTROL
 - NO STANDARD WAY OF REPORTING SUCCESSFUL DOWN STAGING

THE UGLY

- DISPARITY IN ORGAN ALLOCATION
 - NO NATIONAL REVIEW BOARD
- ALL HCC ALLOCATION IS TAKING AWAY FROM NON HCC TRANSPLANTATION
 - DOWN STAGING DROPS 5 YEAR SURVIVAL?
- POSTOPERATIVE MORBIDITY FROM TUMOR TREATMENT
 - HEPATIC ARTERY THROMBOSIS
 - DIAPHRAGMATIC INJURIES FROM ABLATIONS

OUR RESULTS

Banner University Med Center - Phoenix
HCC Liver Transplants Performed 01.01.2007 - 12.31.2016

Transplant Date	Total Liver Tx	Total HCC Tx
1.1.07-12.31.16	547	234
	Total DCD 69	HCC DCD 47
	Total HAT 14	HCC HAT 6
		HCC DCD HAT 1

Transplant Date	HCC Graft	HCC Patient
1.1.07-1.04.16	n=208	n=208
1 year	87.50%	89.42%
1.1.07-12.31.13	n=155	n=155
3 year	76.13%	76.77%

CONCLUSION

- LIVER TRANSPLANT FOR HCC EFFECTIVE
- RESOURCE HEAVY AND REQUIRES RIGHT PATIENT SELECTION
- ALLOCATION PROCESS IS ON THE RIGHT TRACK BUT NOT COMPLETELY DIALED IN
- IT ALLOWS FOR EFFICIENT USE OF EVER EXPANDING DONOR POOL