

IMPROVED LONG-TERM SURVIVAL OUTCOMES AFTER HEPATECTOMY FOR HEPATOCELLULAR CARCINOMA: A COMPARATIVE ANALYSIS OF TWO FIVE-YEAR PHASES FROM CHINA

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Background : To evaluate the potential evolution in long-term survival outcomes after hepatectomy for hepatocellular carcinoma (HCC) across two distinct five-year phases.

Methods : Data from Chinese patients who underwent curative-intent hepatectomy for HCC between 2012-2021 were analyzed. Patients were grouped by surgery period: 2012-2016 (earlier phase) and 2017-2021 (later phase). The primary endpoints were overall survival (OS) and recurrence-free survival (RFS) rates, and the secondary endpoint was post-recurrence survival (PRS). Variances in baseline characteristics, utilization of neoadjuvant and adjuvant therapies, operative variables were thoroughly evaluated.

Results : A total of 3,167 patients were analyzed with 1,736 and 1,431 patients in the earlier and later phase respectively. Patients in the later phase depicted a lower incidence of macrovascular invasion, satellite nodules, larger tumor and less advanced stages (BCLC stage C). Utilization of systemic therapy for neoadjuvant and adjuvant therapies was notably higher in the later phase. An increase in laparoscopic hepatectomy was also observed in the later phase. The 5-year OS rates significantly improved from 48.0% in the earlier phase to 63.1% in the later phase ($P < 0.001$). Similarly, the 5-year RFS rates enhanced from 31.9% to 42.2% ($P < 0.001$). Further analysis of patients experiencing postoperative recurrence revealed improved PRS rates in the later phase, accompanied by a higher utilization of effective treatments for recurrent tumors, encompassing re-resection, local ablation, and targeted/immunotherapeutic interventions.

Conclusions : Survival outcomes after hepatectomy for HCC significantly improved over the decade, likely due to optimized surgical selection, better use of therapies, and improved management of recurrences.

