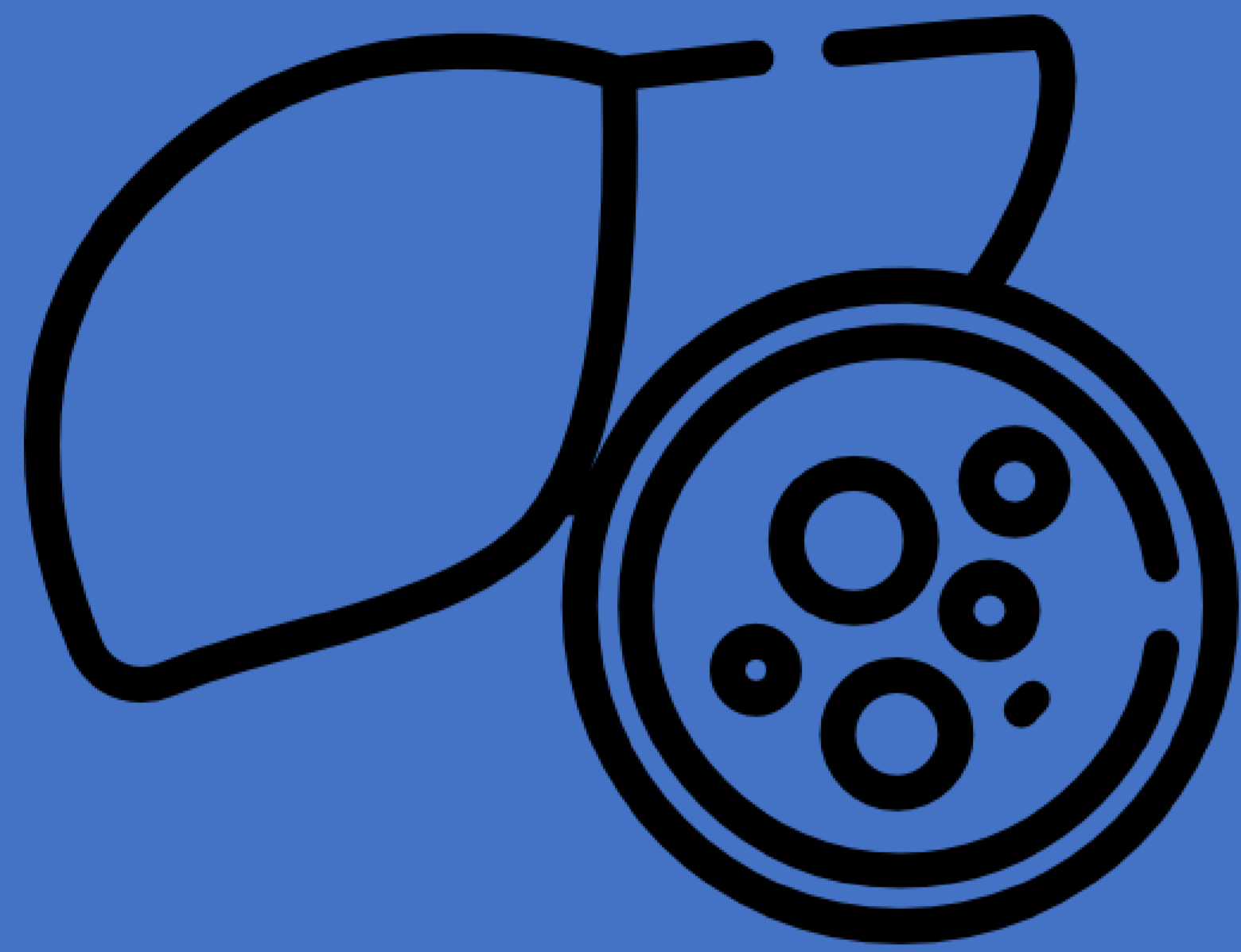


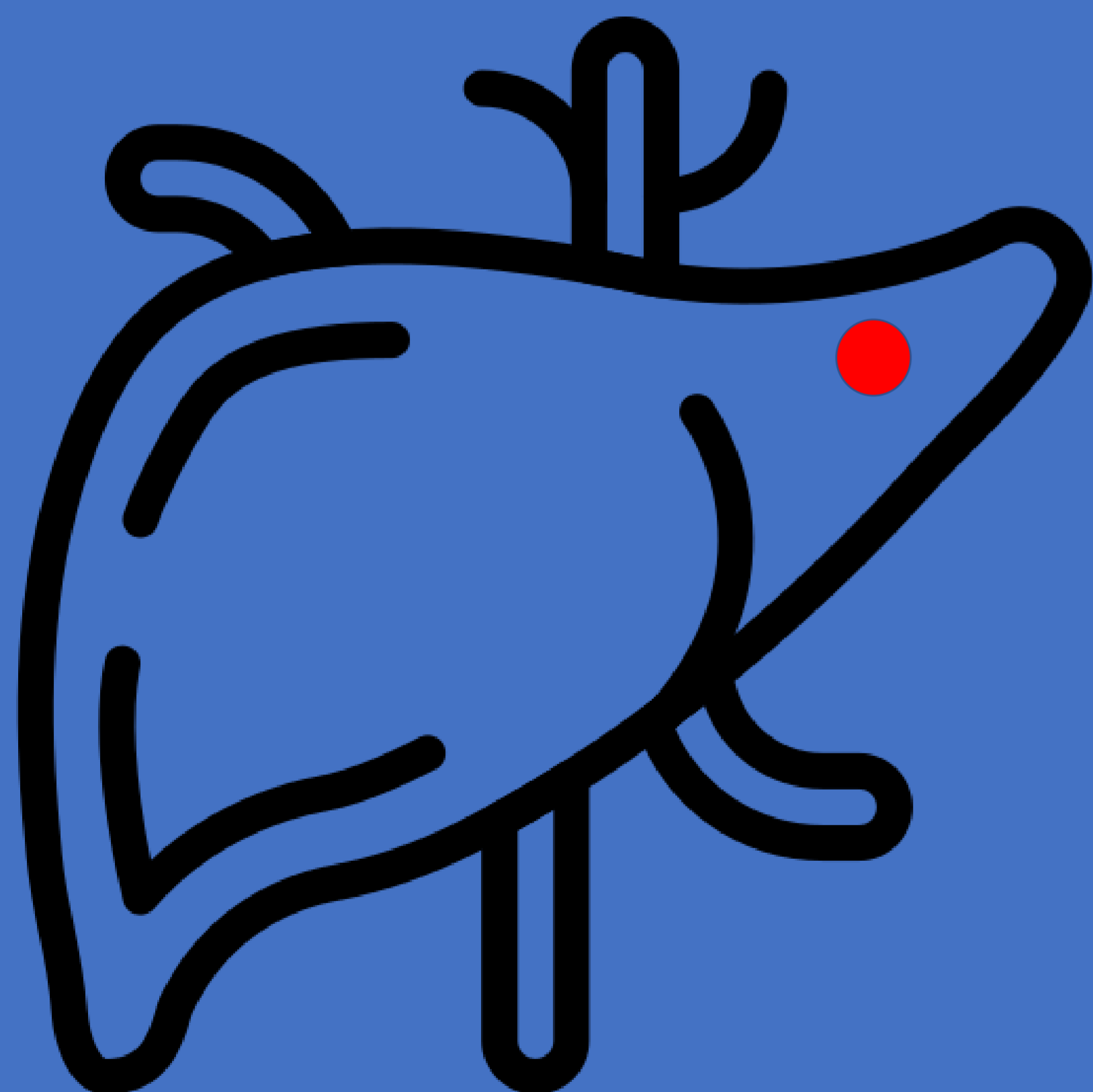
# Liver transplant, liver resection or ablation as first-line treatment for solitary HCC 3 cm or less: An intention-to-treat analysis

Curative-intent therapies for hepatocellular carcinoma (HCC) include

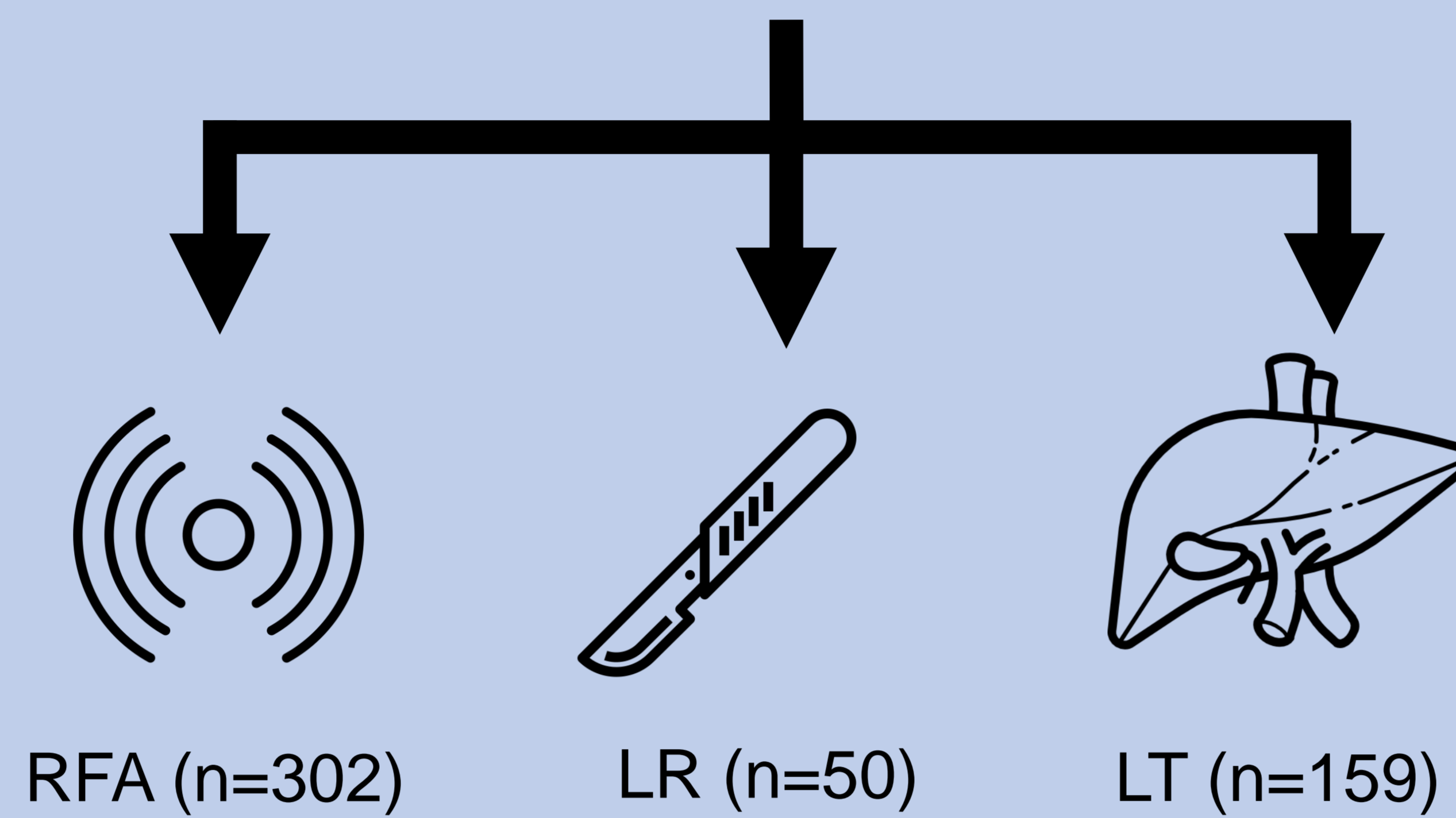
- ✓ Radiofrequency ablation (RFA),
- ✓ Liver resection (LR), and
- ✓ Liver transplantation (LT)



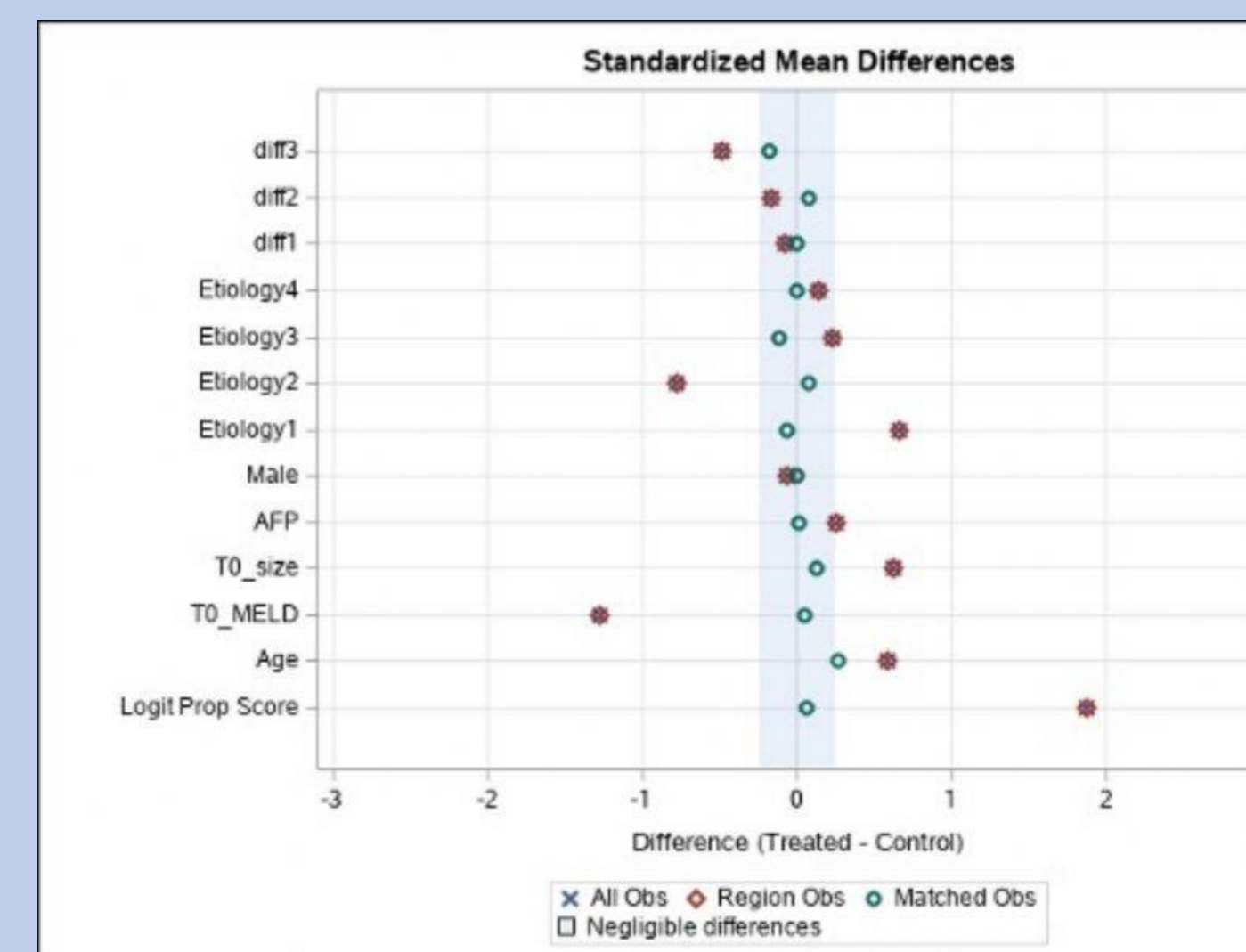
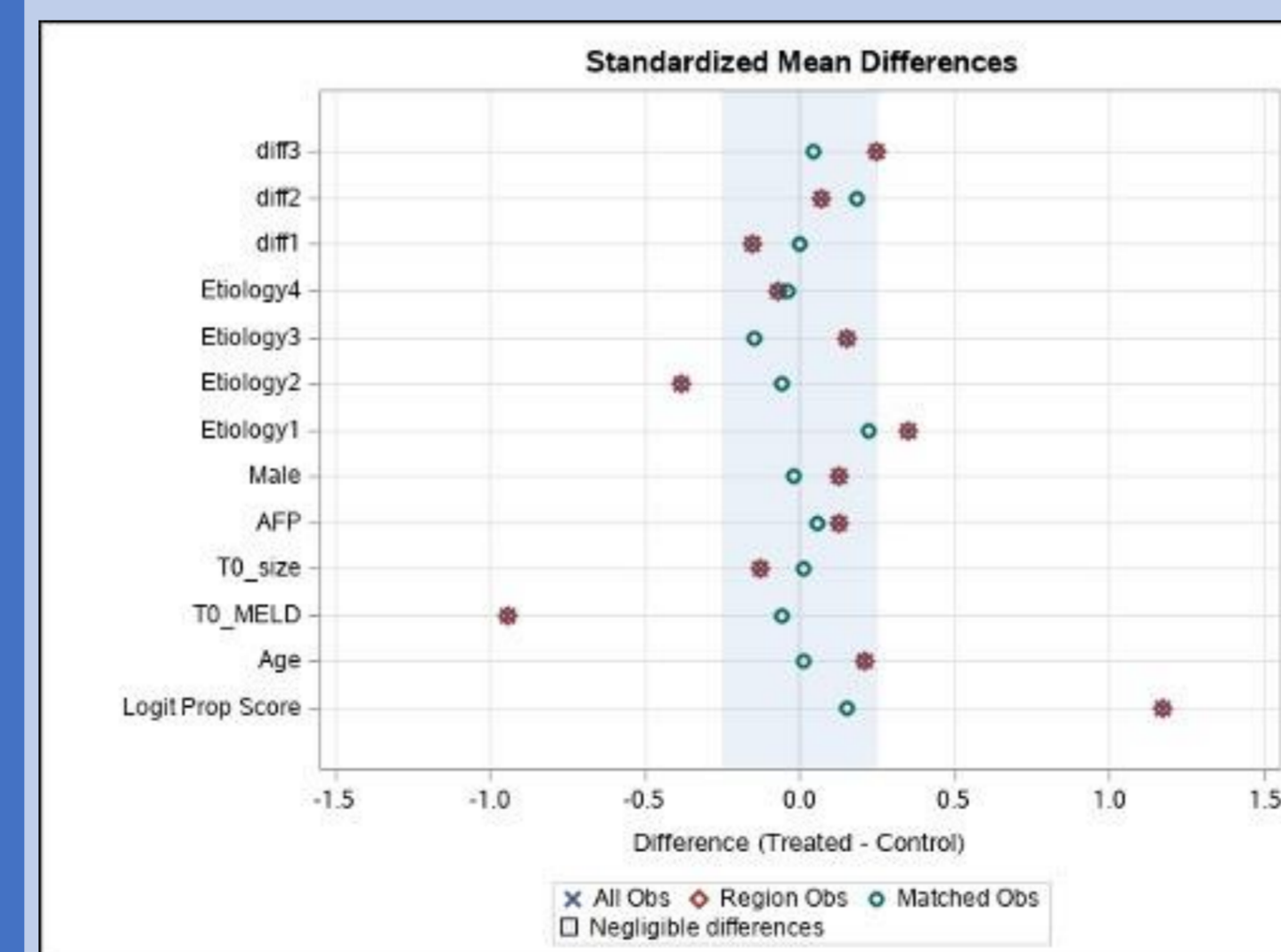
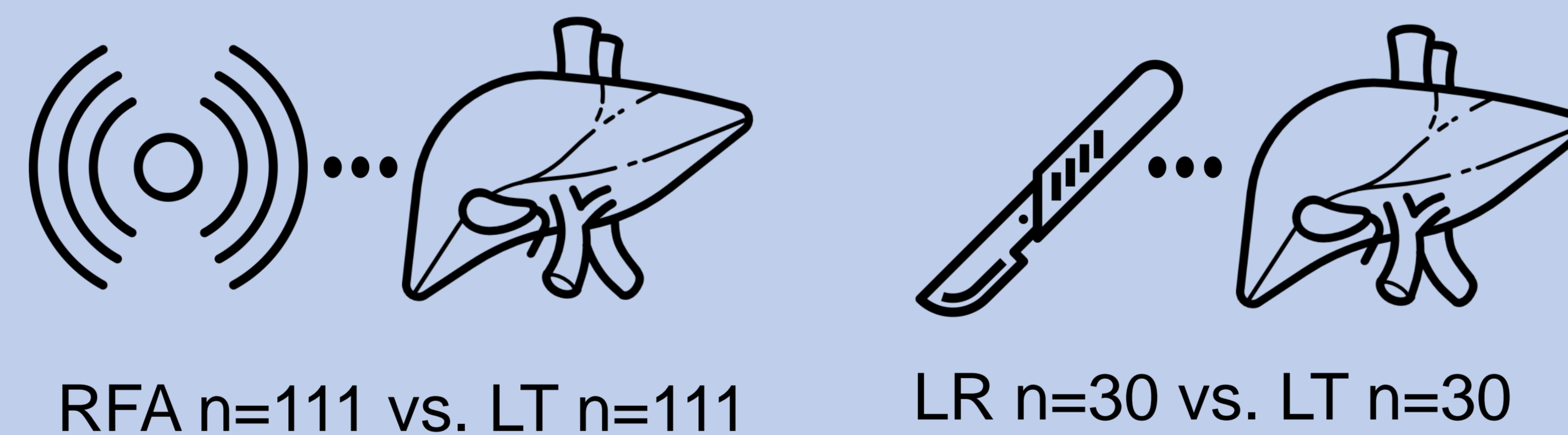
Controversy exists in treatment selection for early-stage tumours



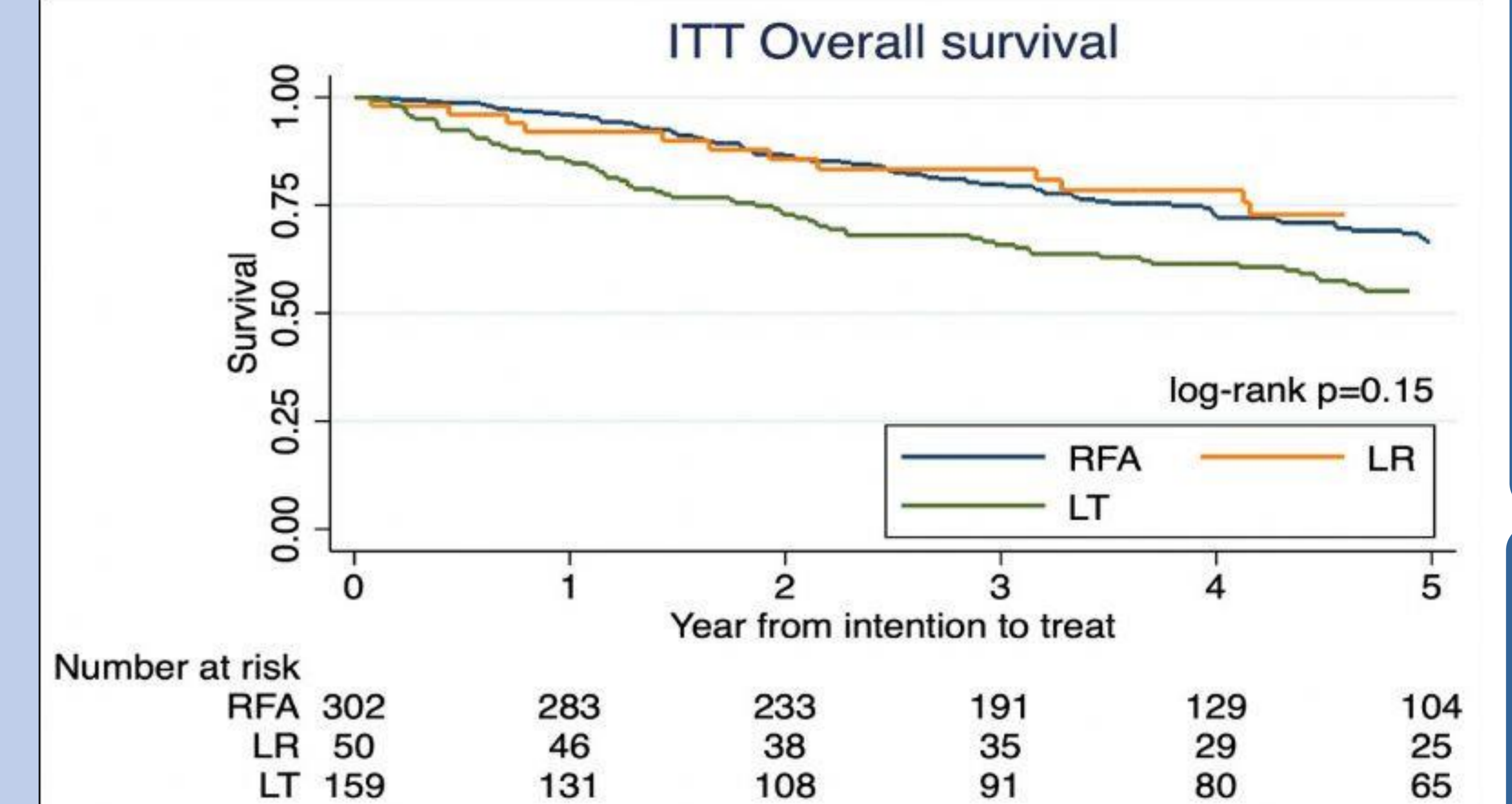
First line treatment for single HCC ≤3 cm (at intention to treat)



Two-way propensity score matching (age, sex, MELD, size, AFP, etiology of liver disease, tumor differentiation)



Before matching:



After Matching:

Survival

LR (ref: LT) HR 1.06 (95% CI 0.45-2.50); p=0.89  
RFA (ref: LT) HR 0.88 (95% CI 0.60-1.29); p=0.51

Recurrence

LR (ref: LT) HR 6.84 (95% CI 2.20-21.27); p<0.001  
RFA (ref: LT) HR 14.84, (95% CI 6.87-32.04); p<0.001

Conclusion

- ✓ The oncologic outcomes of various treatment strategies for solitary HCC ≤3 are distinct.
- ✓ LR and RFA should be considered in centers with a high waitlist dropout rate. Moreover, given superior oncologic outcomes with LT, consideration should be given to living donor LT, which can expedite the LT process.

Ivanics T, Abreu PA, Gorgen A, Claasen M, Doyle A, Muaddi H, McGilvray I, Selzner M, Beecroft R, Kachura J, Bhat M, Selzner N, Ghanekar A, Catral M, Sayed B, Reichman T, Lilly L, Galvin Z, Sapisochin G  
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