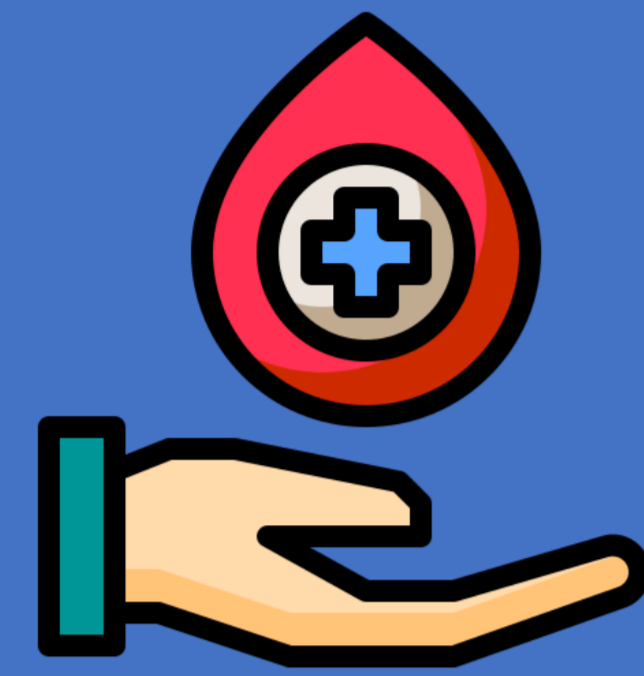
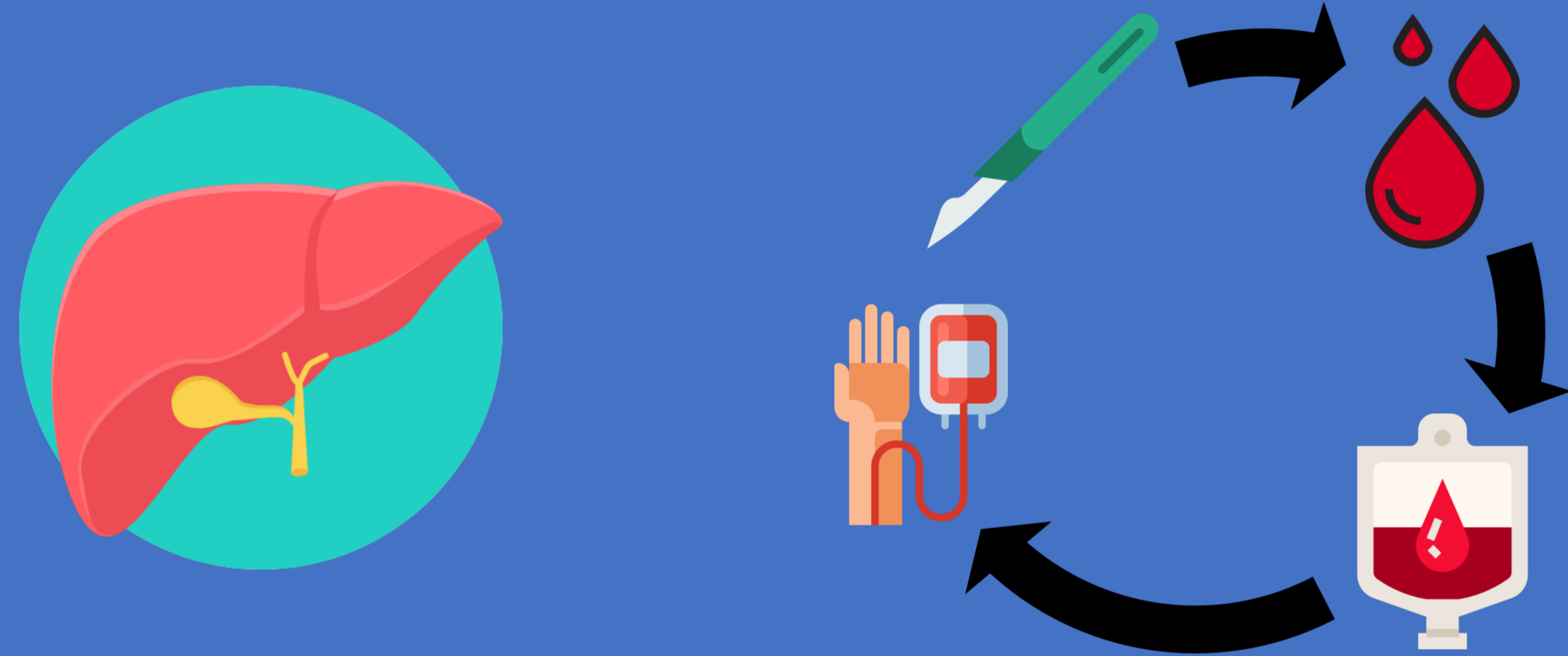


Blood cell salvage and auto-transfusion does not worsen oncologic outcomes following liver transplantation with incidental HCC: a propensity score matched analysis

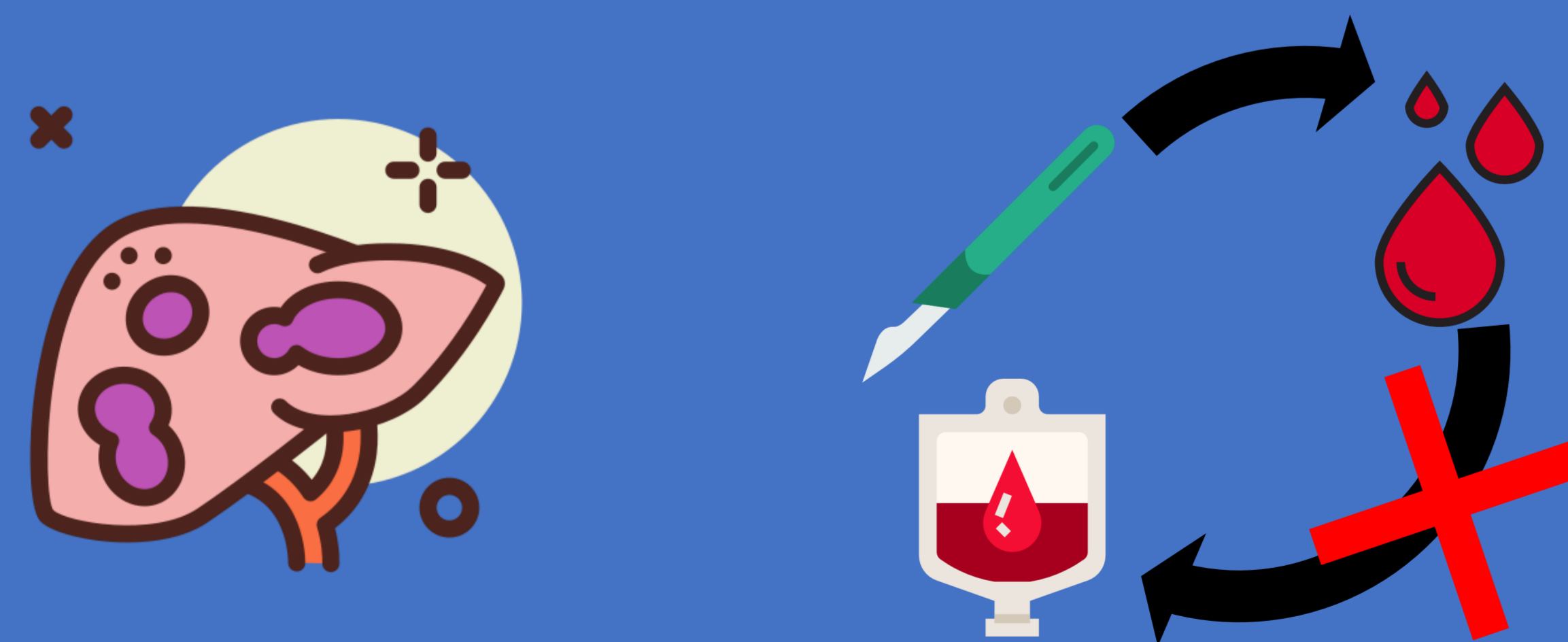
Blood loss during liver transplantation (LT) often requires allogeneic blood transfusion



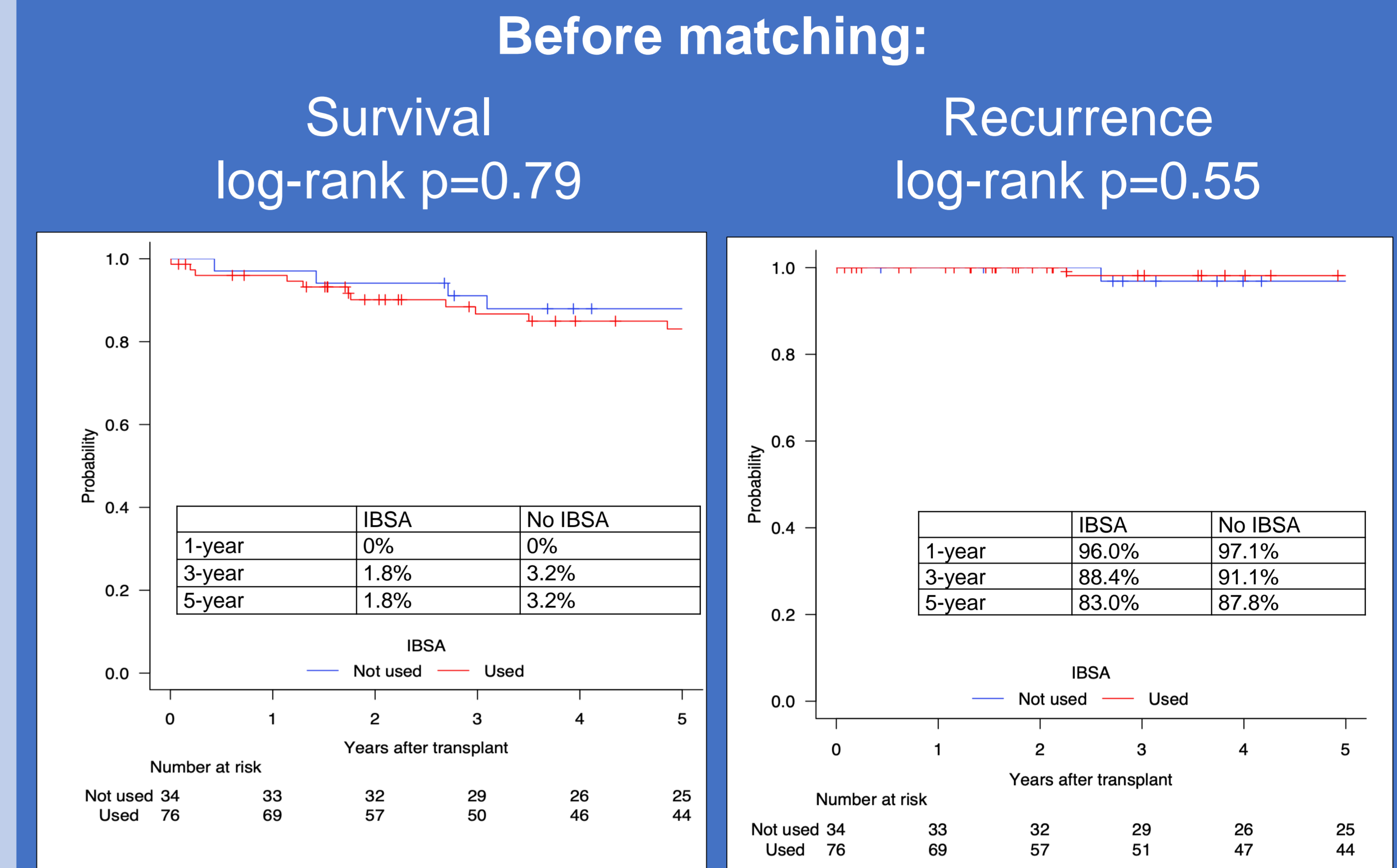
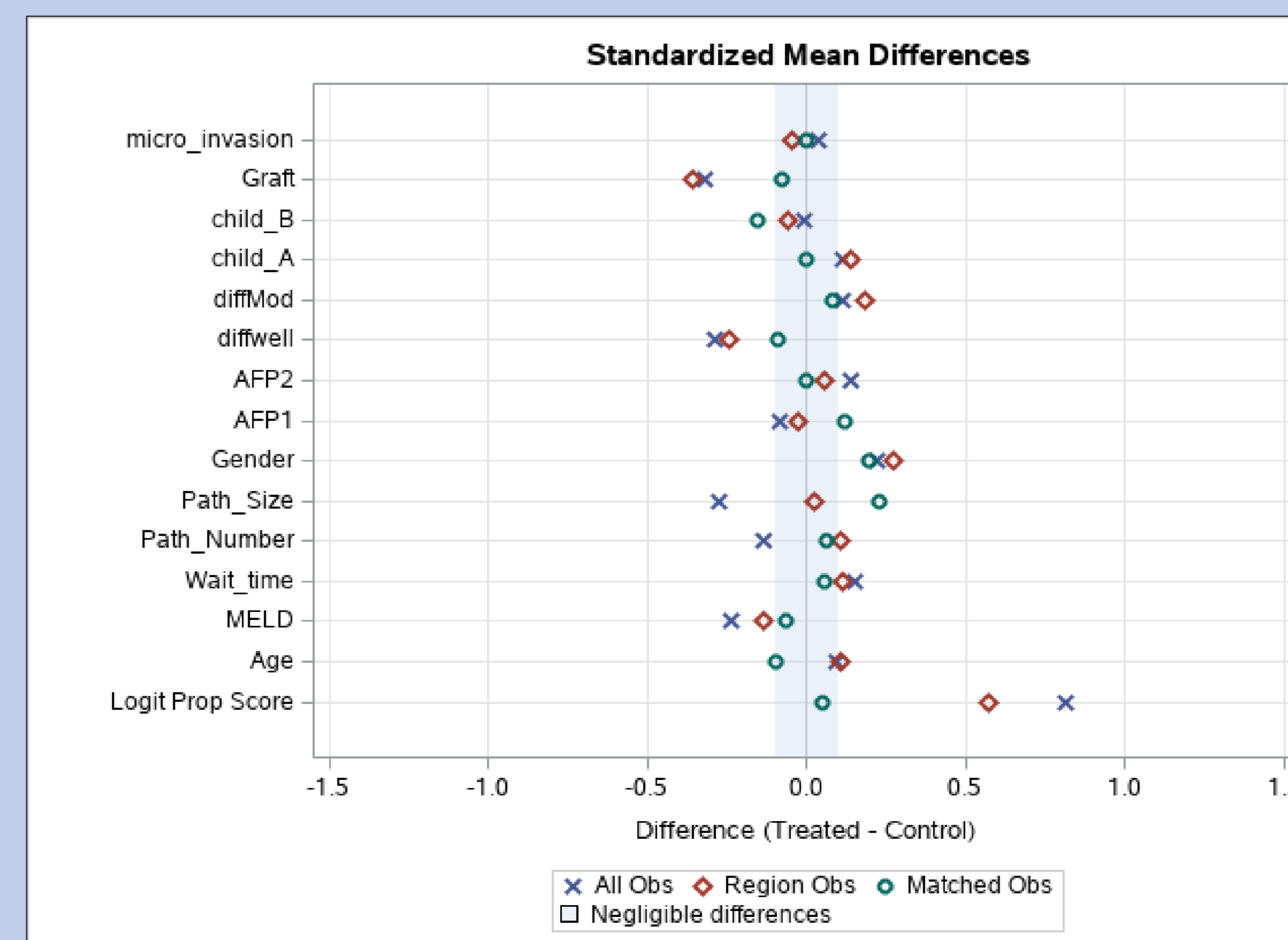
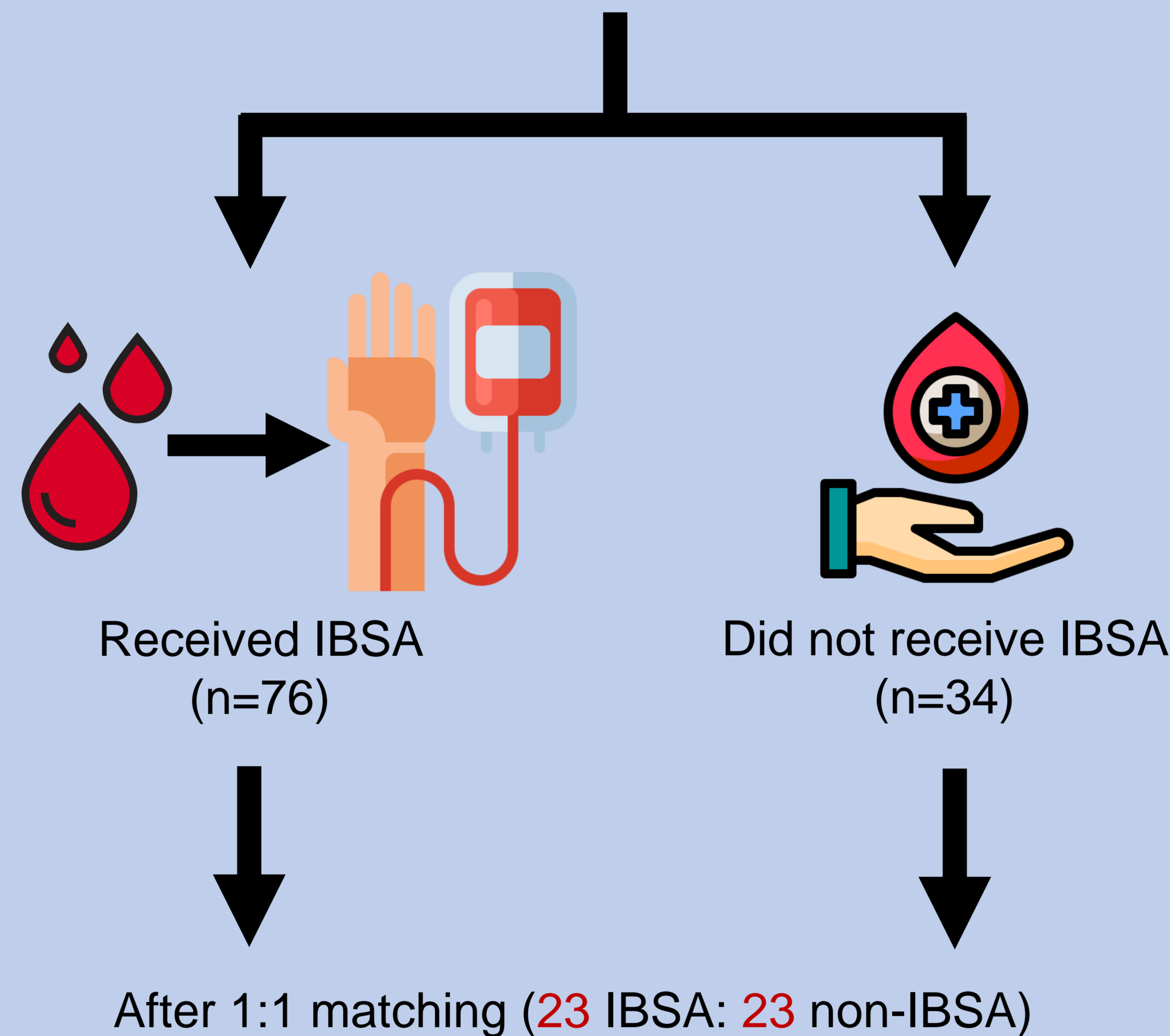
Intraoperative blood cell salvage and autotransfusion (IBSA) are techniques used in LT to decrease the use of allogeneic transfusion



Hepatocellular carcinoma (HCC) has become the leading indication for LT worldwide, but IBSA is contraindicated in this setting for fear of cancer dissemination



Incidental HCC discovered on explant after LT at University Health Network (Jan-2001 to Oct-2018)



After Matching:

Death: IBSA (ref: non-IBSA)
HR 0.86 (95% CI 0.32-2.35); p=0.86

Recurrence: IBSA (ref: non-IBSA)
HR 1.41 (95% CI 0.09-21.27); p=0.81

Limitations

Retrospective, nonrandomized design with potential for selection and misclassification bias.

Despite being the largest study in North America, the number of patients is small, limiting the study's statistical power.

Conclusion

IBSA does not appear to adversely impact oncologic outcomes in patients undergoing LT with incidental HCC lending support for a randomized trial evaluating the impact of IBSA use in LT for HCC

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