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IVER CANCER ASSOCIATION

ROLE OF ALPHA FETOPROTEIN SCORE AND AURORA B KINASE IN PREDICTION OF HEPATOCELLULAR CARCINOMA RECURRENCE AFTER MICROWAVE ABLATION.

INTRODUCTION

1-13 SEPTEMBER

VIRTUAL CONFERENCE

Microwave ablation (MWA) is one form of local thermal ablation which is a strikingly promising technique for HCC treatment. The high recurrence rate after HCC treatment is the main cause of the dismal prognosis.[1] It was reported that AFP Score has a predictive value for detection of HCC recurrence after liver transplantation.[2] It was also noted that aberrant expression of Aurora B kinase in HCC has a predictive value for HCC recurrence after curative hepatectomy.[3]

AIM

We aimed at investigating the predictive value of Alpha fetoprotein (AFP) score and Aurora B kinase (AURKB) in HCC recurrence after MWA.

METHOD

A cross-sectional study where 25 earlystage HCC patients (Barcelona Clinic Liver Cancer 0/A-B) were treated with MWA. Tumor biopsies were obtained just prior to MWA and assessed for WHO pathological grade and AURKB expression by immune-histochemistry. AFP score was calculated based on tumor size, number of nodules and AFP values with a cut-off value of 2 classifies patients into high and low risk of recurrence.[2] After achieving complete ablation, patients were followed every 3 months for 1year by triphasic CT to detect recurrence.

There was a significant positive correlation between AFP score and the pathological grade of the tumor (r=0.467, p=0.019).

AURKB was over-expressed in tumoral (Figure 1B) more than non-tumoral specimens (Figure 1A) (p<0.001).

AURKB was correlated with the size of the tumor. the number of tumor nodules and the pathological grade of the tumor.(Figure 2A,2B)

There was no significant difference of Aurora B kinase expression among patients who achieved complete ablation and patients with recurrence (p=0.869).

• AFP score can effectively predict the response to MWA among HCC patients.

• Aurora B kinase can be used as a biomarker for aggressiveness of HCC tumor (larger size, multinodularity and high grade) but not to be used for prediction of HCC recurrence after microwave ablation.

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RESULTS

• AFP score was significantly lower among patients who achieved complete ablation compared to patients with recurrence. ($\chi^2 = 9.0$, p= 0.003).



Figure 1: Comparison of Aurora B kinase expression between HCC tissue and non -tumoral liver tissue smears. (A) Aurora B kinase staining in grade II HCC. Note the nuclear staining pattern. (Aurora B kinase antibody, streptavidin peroxidase technique, x 200). (B) Aurora B kinase antibody staining in non tumoral cirrhotic liver smears. Note the positive nuclear staining observed in several tumor cells seen in this cluster of reactive hepatocytes. (Aurora B kinase antibody, streptavidin peroxidase technique, x 400).

CONCLUSIONS

 It can also bring up more information about the tumor behavior, making the identification of aggressive tumors possible, even with reasonable tumor size and number.

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Figure 2: Comparison of Aurora B kinase expression between grade II HCC and grade III HCC. (A) Aurora B kinase staining in grade II HCC. Note the nuclear staining pattern (Aurora B kinase antibody, streptavidin peroxidase technique, x200). (B) Aurora B kinase staining in grade III HCC showing intense nuclear positivity (Aurora B kinase antibody, streptavidin peroxidase technique, x400).

REFERENCES







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