J Liver 2016, 5:2(Suppl)
http://dx.doi.org/10.4172/2167-0889.C1.006

Therapy with sartans significantly prolongs overall survival and delays time to recurrence in patients undergone radiofrequency ablation of hepatocarcinoma nodules

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Background: Inhibition of angiotensin II synthesis seems to decrease hepatocellular carcinoma recurrence after radical therapies; however, data on the adjuvant role of angiotensin II receptor 1 blockers (sartans) are still lacking.

Aim: The aim of the study was to evaluate whether sartans delay time to recurrence and prolong overall survival in hepatocellular carcinoma patients after radiofrequency ablation.

Methods: Data on 153 patients were reviewed. The study population was classified into 3 groups: 73 (47.8%) patients who received neither angiotensin-converting enzyme (ACE) inhibitors nor sartans (group 1), 49 (32%) patients treated with ACE inhibitors (group 2), and 31 (20.2%) patients treated with sartans (group 3). Survival outcomes were analyzed by means of Kaplan-Meier analysis and compared with log-rank test.

Results: In the whole study population, 85.6% of patients were in Child-Pugh A class and 89.6% in Barcelona Clinic Liver Cancer A stage. Median maximum tumor diameter was 30 mm (10-40) and alpha fetoprotein was 25 (1.1-2100) UI/mL. No differences in baseline characteristics among the 3 groups were reported. Median overall survival was 48 months (95% confidence interval: 31-58) in group 1, 72 months (49-89) in group 2, and 84 months (58-92) in group 3 (P=0.02). Median time to recurrence was 26 (15-42), 44 (33-72), and 69 (44-74) months in the 3 groups, respectively (P=0.02). Sartan therapy was a significant predictor of longer overall survival and delayed time to recurrence on multivariate analysis.

Conclusions: Sartans significantly improved overall survival and time to recurrence after radiofrequency ablation in hepatocellular carcinoma patients.

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Percutaneous US-guided radiofrequency ablation of early hepatocellular carcinoma today

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Hepatocellular carcinoma (HCC) is the fifth most common malignancy cancer worldwide and the third most common cause of cancer mortality. Local ablation is considered the first line treatment option for patients at very early or early stage (BCLC 0 and A) not suitable for surgical therapies. Radiofrequency ablation (RFA) has a higher anticancer effect than percutaneous ethanol injection (PEI), leading to a better local control of the disease. Recently we have demonstrated a higher cumulative and local recurrences rates in patients with single HCC smaller than 2 cm treated with PEI. An open question is whether RFA can compete with surgical resection as a first-line treatment for patients with small (<4-5 cm in diameter) and solitary HCC. In 605 HCC patients, BCLC 0 and A, there was no significant difference in overall survival (OS) between surgical resection (SR) and RFA. Also in the study of Kim et al., RFA provides comparable OS versus SR although RFA carries a higher risk of recurrence. In a database constructed on a Japanese nationwide survey, Hasegawa et al., showed that SR results in longer OS than RFA in patients with HCC. In our multicenter Italian survey comparing SR and RFA in 544 CPT A cirrhotic patients with single <3 cm HCC, showed that RFA can provide results comparable to SR. In a more recent meta-analysis of RCTs and non-RCTs comparing RFA and SR for small HCC Wang et al., concluded that the effectiveness of RFA is comparable to SR with fewer complications but higher recurrence.

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