Title SURVIVAL OF PATIENTS WITH HEPATOCELLULAR CARCINOMA IS SIGNIFICANTLY IMPROVING: A POPULATION-BASED STUDY FROM SOUTHERN SWITZERLAND.

Authors:

Bordoni Andrea¹, Cerny Andreas², Bihl Florian³, Peverelli Simona¹, Mazzola Paola¹, Alerci Mario⁴, Marini Gianluigi⁵, Mazzucchelli Luca¹ Majno Pietro⁶, and Spitale Alessandra¹

Authors Affiliation:

- ¹Ticino Cancer Registry, Institute of Pathology, 6600 Locarno, Switzerland.
- ² Center for Liver Diseases, Clinica Luganese SA, 6900 Lugano, Switzerland
- ³ Hepatology Unit, San Giovanni Hospital, 6500 Bellinzona, Switzerland
- ⁴Radiology Dept., San Giovanni Hospital, 6500 Bellinzona, Switzerland
- ⁵ Oncology Dept., Clinica S.Anna, 6924 Lugano-Soregno, Switzerland
- ⁶ Surgery Dept., University Hospital Geneva, 1210 Geneva, Switzerland

Background

During the last 20 years relevant diagnostic procedures and advanced treatments were progressively introduced in the managment of hepatocellular carcinoma (HCC). Aim of this study is to assess up-to-date survival trends for HCC in southern Switzerland, a region with the highest incidence in Switzerland.

Methods

HCC diagnosed in 1996-2009 were selected by Ticino Cancer Registry. Cancer-specific survival (CSS) was performed through the Kaplan-Meier method according to the calendar period of observation: 1996-2000, 2001-2005, 2006-2009. Log-rank test was used to detect differences in survival curves. Simultaneous assessment of prognostic factors was performed by the multivariate analysis of the Cox proportional-hazards regression model.

Results

A total of 619 HCC were analyzed. There was a significant increase in the number of patients undergoing transarterial chemoembolisation (TACE), whereas patients undergoing curative and palliative supportive treatments remained unchanged (p<0.0001). A shift to earlier stages was not observed. Significant differences in survival were observed according to age group (p<0.0001), period of diagnosis (p<0.0001), type of diagnosis confirmation (imaging versus microscopy, p=0.0035), Barcelona-Clinic liver cancer stage (p<0.0001) and treatment approach (p<0.0001). The multivariate Cox model confirmed the significant increase of HCC survival with a higher risk of death for the period 1996-2000 (HR:1.32;95%CI:1.03;1.68) and 2001-2005 (HR:1.33;95%CI:1.05;1.67) (reference group: 2006-2009).

Conclusions

This population-based report describes a major increase of HCC survival to be associated with an increased use of TACE. Additional efforts should be made to decrease the HCC stage at diagnosis to allow an increase in curative treatments of HCC through active surveillance of cirrhotic patients.

Preference:

□ Oral presentation☑ Poster

Corresponding Author's Data

Andrea Bordoni, MD, MPH Ticino Cancer Registry Institute of Pathology Via in Selva, 24 CH-6600 Locarno Switzerland Phone: +41-91-8160821 Fax: +41-91-8160829 e-mail: andrea.bordoni@ti.ch