

Comunicação Oral

EP-08 - WHAT ARE THE PREDICTIVE FACTORS FOR LONG-TERM SURVIVORS WITH ADVANCED HEPATOCELLULAR CARCINOMA TREATED WITH SORAFENIB?

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Background and Aims: Sorafenib is the standard therapy for advanced-stage hepatocellular carcinoma (HCC) and progressive disease after locoregional therapy. Most of these patients have an overall survival (OS) of ~10 months. Some seem to have a better response to sorafenib and consequently a significantly prolonged survival time. Our aim was to assess the characteristics and predictive factors of long-term survivors (OS>24months).

Method: We retrospectively reviewed 77 patients who started treatment with sorafenib for advanced-stage HCC (BCLC-C) or progressive HCC after locoregional therapy between oct/2007 and oct/2016.

Results: At time of sorafenib prescription, mean age was 63.9±10.4years, mainly males(90.9%). All patients had cirrhosis and the most prevalent etiology was HCV infection(41.6%), followed by alcohol(40.3%) and HBV infection(16.9%). The majority was Child-Pugh A(66.2%), had multinodular disease(74%) and had an AFP <400ng/mL(63.6%). Portal vein thrombosis (PVT) was present in 50.6%. BCLC distribution: 96.1% in stage-C, 3.9% in stage-D. Time between HCC diagnosis and start of sorafenib was 7.9±9.8months. Sorafenib was the first-line treatment in 62.3%.

Mean OS was 32.6months (95%CI:23.4-41.8) with 2-year survival rate of 38.9%. Fifty-four patients died(70.1%). Twenty-five patients had a survival time >24months(32.5%) after initiating sorafenib. In this subgroup, mean age was 60±7.7years. Most patients were male(80%) and had a HCV infection-related disease(52%). Ninety-two percent were Child-Pugh A (mean value:5.6±0.8points), AFP were <400ng/mL in 84% and mean MELD-Na⁺ score was 10.1±2.7points. The majority presented with multinodular disease(64%) with absence of PVT(80%).

In multivariate analysis, predictive factors significantly related to long-term survival were: absence of PVT (p=0.004,OR 0.123, 95%CI:0.031-0.491) and MELD-Na⁺ score (p=0.037,OR 0.870, 95%CI:0.764-0.992).

Conclusion: Some patients might have a greater benefit from treatment with sorafenib resulting in a longer survival time. In our study, MELD-Na⁺ score and absence of PVT had a statistically significant impact in this group suggesting that an earlier introduction of sorafenib should be considered.