



## LV OP 2-6

### Liver Transplantation for Hepatocellular Carcinoma at Centro Médico Nacional 20 de noviembre-México

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**Introduction** : Hepatocellular carcinoma (HCC) incidence is rising worldwide, , actually it's the third cause of cancer associated death. The main risk factor are hepatitis B and C viral infection. In Mexico we have around 6,000 deaths each-yfrom HCC each-year. Liver transplantation for HCC within Milan criteria is the best curative intention.

**Methods** : We conducted a descriptive analysis from cirrhotic HCC patients that underwent a liver transplantation (LT) between January 2015 to July 2019. Our policy for LT in HCC patients is Milan criteria, for patients beyond that we perform downstaging procedures such as transarterial chemoembolization (TACE), microwave or radiofrequency ablation. We analyze disease free and overall survival, recurrence, morbidity and mortality.

**Results** : 15 patients underwent LT for HCC. We divide patients in two groups : Group 1 within Milan (n=10) and Group 2 beyond Milan (n=5). Group 2 patients underwent downstaging locoregional therapy by means of radiofrequency or microwave ablation and TACE. The disease free survival at 1-year was 100% in both groups. At 4-year follow up overall survival was 66.6%. During the follow up period none of the patients developed HCC recurrence.

**Conclusions** : Overall 5-year survival for LT and HCC is reported 60-70% mostly associated to HCC recurrence but in our study global survival was 66.6% but no mortality was associated to HCC recurrence. Within Milan group showed better survival rates than downstaged group, but since both groups developed no HCC recurrence, we still believe downstaging policy is a good strategy for HCC beyond Milan criteria.

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