

عنوان مقاله:

Factors Predicting Survival after Transarterial Chemoembolization of Unresectable Hepatocellular Carcinoma

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خلاصه مقاله:

Background: Transarterial chemoembolization is the preferred treatment for unresectable, intermediate-stage hepatocellular carcinoma. Survival after transarterial chemoembolization can be highly variable. The purpose of this study is to identify the factors that predict overall survival of patients with unresectable hepatocellular carcinoma who undergo transarterial chemoembolization as the initial therapy. **Methods:** We included patients who underwent transarterial chemoembolization from ۲۰۰۷ to ۲۰۱۲ in this study. Patient's age, gender, cause of cirrhosis, Child-Turcotte-Pugh score, model of end-stage liver disease score, Cancer of the Liver Italian Program score, Okuda stage, alpha-fetoprotein level, site, size and number of tumors were recorded. Radiological response to transarterial chemoembolization was assessed by computerized tomography scan at ۱ and ۳ months after the procedure. Repeat sessions of transarterial chemoembolization were performed according to the response. We performed survival assessment and all patients were assessed for survival at the last follow-up. **Results:** Included in this study were ۷۱ patients of whom there were ۵۷ (۸۰.۳ %) males, with a mean age of ۵۱.۹ ± ۱۲.۱ years (range: ۱۸-۷۶ years). The mean follow-up period was ۱۲.۵ ± ۱۰.۷ months. A total of ۳۱ (۴۳.۷%) patients had only one session of transarterial chemoembolization, ۱۷ (۲۳.۹%) underwent ۲ and ۱۱ (۱۵.۵%) had ۳ or more sessions. On univariate analysis, significant factors that predicted survival included serum bilirubin ($P=۰.۰۲$), esophageal varices ($P=۰.۰۰۲$), Cancer of the Liver Italian Program score ($P=۰.۰۰۳$), tumor size ($P=۰.۰۰۵$), >۳ sessions of transarterial chemoembolization ($P=۰.۰۰۶$) and patient's age ($P=۰.۰۰۱$). Cox regression analysis showed that tumor size of ۱ transarterial chemoembolization session ($P=۰.۰۰۴$) were associated with better survival. **Conclusion:** Our study demonstrates that survival after transarterial chemoembolization is predicted by tumor size, Cancer of the Liver Italian Program classification, bilirubin ۳

کلمات کلیدی:

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