



E-027

## Long-term Outcomes After Hepatectomy For Single Hepatocellular Carcinoma Originating In Caudate Lobe

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**Background** : Surgical resection of hepatocellular carcinoma (HCC) originating in the caudate lobe (S1) is challenging, but the optimal surgical procedure remains debated. We aimed to investigate long-term outcomes and risk factors for single HCC originating in the S1 hepatectomy.

**Methods** : This retrospective study included 161 HCC patients following hepatectomy between December 2003 and April 2022 at Asan Medical Center. Overall survival (OS) and recurrent-free survival (RFS) were analysed according to approach type (transhepatic vs. others), resection type (partial vs. complete), extent of resection (isolate S1 vs. combined), tumor size, and preoperative treatment for HCC. Logistic regression analysis was performed to identify risk factors for early recurrence.

**Results** : The median follow-up was 58.3 months. The 1-year, 3-year, and 5-year OS were 94.4%, 84.2%, and 70.4%; 1-year, 3-year, and 5-year RFS were 73.3%, 52.3%, and 45.4% respectively. There were no significant differences of long-term outcomes according to approach type (OS,  $P=0.580$ ; RFS,  $P=0.843$ ), resection type (OS,  $P=0.767$ ; RFS,  $P=0.918$ ), extent of resection (OS,  $P=0.953$ ; RFS,  $P=0.055$ ), and preoperative transarterial chemoembolization (OS,  $P=0.453$ ; RFS,  $P=0.860$ ). However, patient with small tumor ( $<3\text{cm}$ ) showed significantly better OS ( $P=0.011$ ) and RFS ( $P=0.006$ ). In multivariate analysis, invasion to adjacent segments, small tumor size, and portal vein invasion were significant risk factors for early recurrence within 2 years after hepatectomy.

**Conclusions** : Surgical resection is a treatment option for HCC originating in S1 to achieve acceptable long-term survival especially in patients with small tumor less than 3cm. However, additional studies are required to clarify the optimal surgical strategies for HCC originating in S1.

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