ROLE OF HEPATIC RESECTION FOR BCLC STAGE B AND C HEPATOCELLULAR CARCINOMA: SHOULD AGGRESSIVE RESECTION BE AVOIDED?

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A retrospective study of 452 patients with hepatocellular carcinoma who underwent hepatic resection suggests that surgery may offer longer overall survival than systemic therapy or TACE even in selected BCLC stage B/C cases when categorized by a modified borderline resectable classification.

KEY POINTS

- Median overall survival after hepatic resection was 124.2 months for resectable cases, 67.4 months for modified BR1, 45.5 months for modified BR2, and 14.9 months for boldly BR cases, each significantly different ($p<0.01$).
- Overall survival after resection appeared superior to outcomes with systemic therapy from the IMbrave150 and HIMALAYA trials (approximately 16–19 months) and TACE (2–2.5 years) across all modified borderline resectable groups.
- Recurrence-free survival was significantly shorter in more advanced modified borderline resectable categories (median 41.8, 14.4, 9.7, and 17.6 months for R, mBR1, mBR2, and BBR respectively, $p<0.01$).
- The modified borderline resectable classification separated patients with extrahepatic metastasis into a distinct boldly BR category and divided cases by tumor number, size, and vascular invasion extent.
- The authors conclude that hepatic resection may remain a viable treatment option for carefully selected BCLC B/C patients classified as modified BR1 or BR2, though recurrence-free survival is shortened.

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