

Risk factors identified for late recurrence of liver cancer

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(HealthDay)—Late recurrence after hepatocellular carcinoma (HCC)

resection is associated with sex, cirrhosis, and several aggressive tumor characteristics of the initial HCC, according to a study recently published in *JAMA Surgery*.

Xin-Fei Xu, M.D., from Second Military Medical University in Shanghai, and colleagues examined [risk factors](#), patterns, and outcomes of late [recurrence](#) (more than two years) after curative liver resection for 734 HCC patients (88.8 percent male; mean age, 51.0 years) who underwent resection at six hospitals in China from 2001 through 2015.

The researchers found that 303 patients (41.3 percent) developed late recurrence. Male sex, cirrhosis, multiple tumors, satellite nodules, tumor size >5 cm, and macroscopic and microscopic vascular invasion were independent risk factors of late recurrence. For patients with late recurrence, 90.1 percent had only intrahepatic recurrence, and 9.9 percent had both intrahepatic and extrahepatic recurrence; none of the patients had only extrahepatic recurrence. One hundred sixty-five patients with late recurrence received potentially curative treatments (e.g., re-resection, transplant, and local ablation). Independent predictors of overall survival for patients with late recurrence included regular surveillance for postoperative recurrence (hazard ratio [HR], 0.470), cirrhosis (HR, 1.381), [portal hypertension](#) (HR, 2.424), Child-Pugh grade of B or C (HR, 1.376), Barcelona Clinic Liver Cancer stage B (HR, 1.304) and stage C (HR, 2.037), and potentially curative treatment (HR, 0.443).

"The patterns of late recurrence suggest that surveillance for recurrence after two years of surgery should be targeted to the liver, and postoperative surveillance improved the chance of further potentially curative treatments, with resultant improved survival outcomes in [patients](#) with late recurrence," the authors write.

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