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# RCT on Adjuvant TACE after Curative Hepatectomy for HCC (A-TECH Study) – an interim Analysis

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# Study Objectives and Methodology

- Hepatectomy is the mainstay of cure for HCC, but high recurrence rate (46 to 72% in 3 yr)
- There has not been consensus on the use of TACE in adjuvant setting
- Aim: to demonstrate adjuvant TACE with cisplatin-lipiodol mixture and gelatin sponge particle embolization can improve disease-free survival in HCC after R0 resection
- Single-centre RCT of adjuvant TACE 4-6 weeks after hepatectomy compared with control
- Randomization stratified according to patient's risk of recurrence
  - High risk: multifocal tumor, vascular invasion & margin < 5mm
- **Primary outcome:** 1-year recurrence rate
- **Secondary outcomes:** disease-free & overall survival

# Patients & sample size

## Inclusion Criteria

- HCC patients with R0 resection
- Age from 18 to 70
- Child-Pugh class A
- ASA class I to III
- Performance status ECOG 0-1

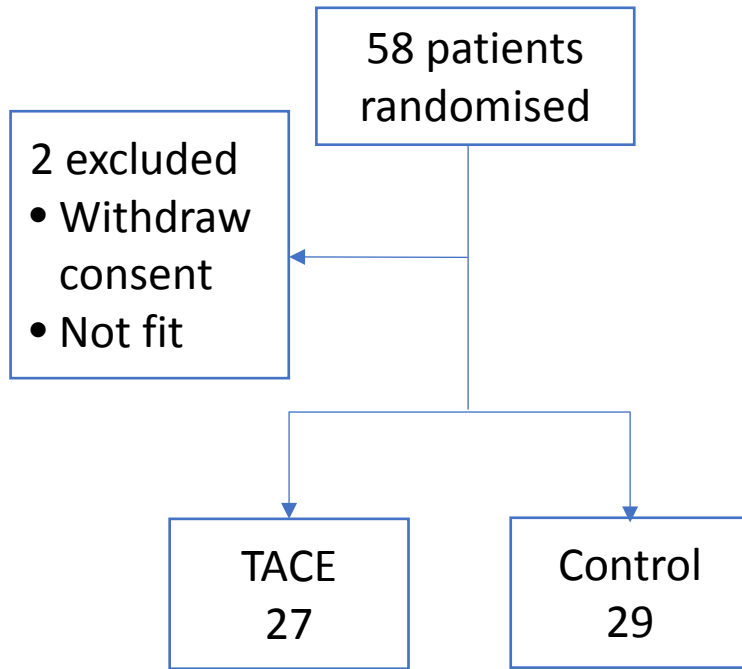
### Sample size estimation: 144 cases

1-yr recurrence in hepatectomy for HCC = 35%  
Adjuvant TACE reduce 1-yr recurrence to 23%  
Type 1 error = 0.05, Power = 0.8

## Exclusion Criteria

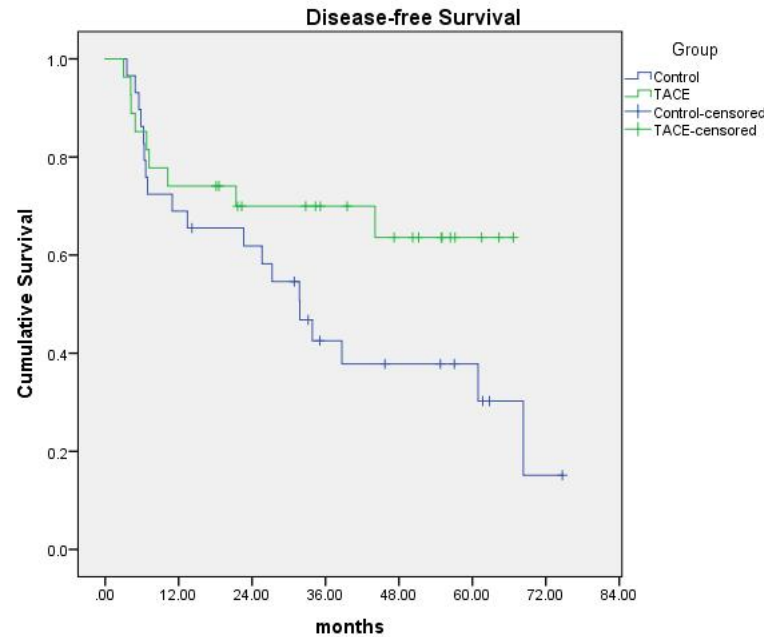
- Previous local ablation / TACE / other malignancy
- Tumor condition
  - PV thrombus / Tumor from caudate / extra-hepatic disease
  - Early tumor < 2cm
- Patient condition
  - Impaired LFT (Child's B or above)
  - Cr > 200  $\mu\text{mol/L}$
  - Deconditioned > 6 weeks post-op
- Technically not feasible for TACE
- Pregnancy / No consent

# Results



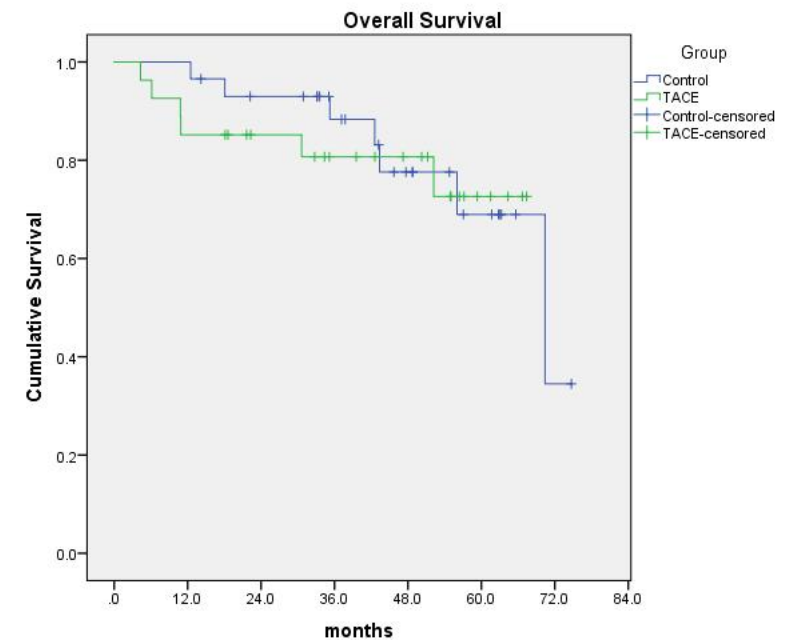
The 1-year recurrence rates:  
 TACE = 26%  
 Control = 31%  
 (p=0.672)

## Disease-free survival



Mean DFS  
 TACE = 48 months  
 Control = 37 months  
 (p=0.098)

## Overall survival



Mean OS  
 TACE = 56 months  
 Control = 62 months  
 (p=0.766)

# Conclusion

- Adjuvant TACE for HCC after curative hepatectomy
  - Trend towards lower 1-year recurrence rate
  - Longer mean disease-free survival
- No significant difference in overall survival between groups.

