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Title: Is Resection an Alternative to Transplantation in Locally Advanced Hepatoblastoma? A Systematic review and analysis of pooled individual patient data

Topic:

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Abstract:

Background: There is an ongoing debate on liver transplantation (LT) versus liver resection (LR) for locally advanced hepatoblastoma (LAHB). Comparative studies are lacking. As a consequence, an evidence gap persists concerning guidelines for these patients.

Methods: Based on current SIOPEL/COG guidelines, LAHB that requires evaluation of LT was defined as either PRETEXT IV F+, and/or POST-TEXT IV, and/or POST-TEXT P+, and/or POST-TEXT V+ tumors. A systematic literature search of Medline, Web-of-Science and Embase was performed. Only patients fulfilling the above-mentioned criteria were included. Patient data were extracted individually and pooled. Baseline characteristics, overall survival (OS), and event-free survival (EFS) were compared.

Results: Clear definitions of indications for LT in HB were either lacking or differing between studies. 189 patients with LAHB from 55 studies met the above-mentioned criteria. 111 underwent LT, 78 underwent LR. There were no significant differences between the two groups in age, serum AFP, and PRETEXT stages including F+/M+. 5-year-OS and EFS for patients undergoing LT were 75.3% [95%-CI 66.5-85.2] and 68.5% [59.3-79.1]. For patients undergoing LR, 5-year-OS and EFS were 87.6% [80.4-95.6] and 71.1% [60.7-83.3].

Conclusion: Evidence regarding the optimal surgical approach for children with LAHB is lacking. Criteria for LT in LAHB differ between centers. This exploratory analysis shows that outcomes seem to be similar for the two approaches and LR can be an effective alternative with comparable outcomes. Further studies are urgently needed to define clear guidelines and to identify subgroups of patients with LAHB that benefit more from either LT or LR.

