INTRODUCTION: Hepatocellular carcinoma remains a major cause of liver-related malignancy mortality. Despite the improvement in surgical technique and treatment, the amount of cases is increasing trend. Although liver transplant offers a curative option, the availability is scarce in Malaysia. Hence, most patients undergo surgery, chemoembolization, immunology modulators and radiofrequency ablation as a bridging therapy. This study aims to evaluate the survival rate of hepatocellular carcinoma and identify its prognostic factors.

METHOD: This is a retrospective study sampled from UKM Medical Centre from 2008 to 2011. All hepatocellular patients were included with parameters collected include demographics, diagnosis, treatments and stage of the disease. The outcome and mortality are analysed using the Kaplan Meier Estimators. All data samples are considered censored after the duration of the study.

RESULT: This study included 149 hepatocellular patients with predominantly male. Chinese were affected more (49%) followed by Malay (38%) and other races. 32% of patients underwent surgery as its primary treatment with the majority had to undergo Trans arterial chemoembolization (52%). 41% presented with an early stage of disease while remaining patients were in advanced stage (59%). Surgery and RFA has better survival rate compared to other treatment. Survival rate after undergoing the treatment for a male was 69.3% is much lower than the female (88.6%) after undergoing treatment.

DISCUSSION: In our centre, the overall survival was shown to be high with mortality of 25%. This can be attributed to the bridging therapy these patient undergone throughout the study. The presentation of cases were equivocal with balance amount of early and advanced stage. This might also contribute the interestingly high survival rate. Our data also showed better survival in patients undergoing surgery and RFA followed by TACE than other type of bridging therapy. This might be attributed to the early stage of disease which enable surgery or RFA to be performed. Although TACE is commonly used in terminal diseases, it is shown to be an alternative in cases where surgery and RFA was not feasible. In our institution, gender and stage of the tumour is shown to be an independent predictor for mortality and overall survival. Tumour burden has been shown to influence overall survival which is confirmed in this study.

CONCLUSION The overall survival rate after the duration of the study was 73.8%. Gender and stage of the tumour is a significant prognostic factor to overall survival in our centre. Hepatic resection and RFA should be the main bridging therapy in selected patients.

Reference: