

Journal Club – 30 September 2024

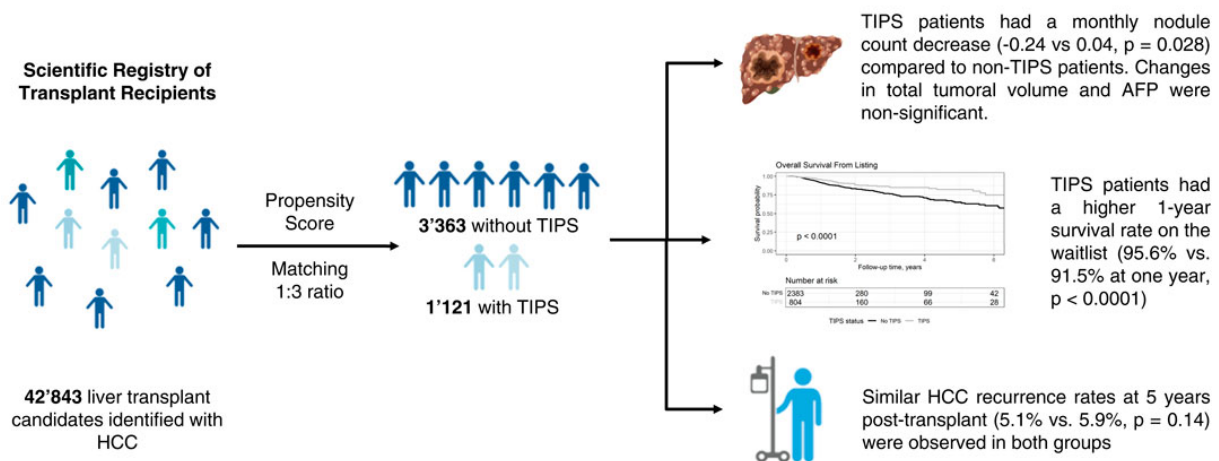
Transjugular Intrahepatic Portosystemic Shunt Is Associated With Better Waitlist Management of Liver Transplant Candidates With Hepatocellular Carcinoma

How does TIPS impact #HCC in #LTx candidates?

Read <https://www.frontierspartnerships.org/journals/transplant-international/articles/10.3389/ti.2024.12781/full>

Join us and Sofia El Hajji, Beat Moeckli and Christian Toso online to discuss the article. Chiara Becchetti with Experts Umberto Cillo and Manon Allaire will moderate the #JournalClub.

Transjugular Intrahepatic Portosystemic Shunt is associated with better waitlist management of liver transplant candidates with hepatocellular carcinoma



This study analysed data from the Scientific Registry of Transplant Recipients (SRTR), covering patients listed for liver transplant due to HCC from 2002-2022. It analysed 4,484 patients, comparing outcomes between those with and without TIPS at listing. #Hepatology #SRTR.

Patients with TIPS had higher MELD scores at listing but lower tumour volumes and AFP. TIPS patients were propensity scores matched 1:3 based on age, BMI, liver disease and tumour characteristics.

Demographics	No TIPS, N = 3,363	TIPS, N = 1,121	p-value ^a
Age at listing (years), Mean (SD)	59.26 (8.1)	59.34 (7.7)	0.78
Gender, n (%)			0.65
F	839 (25)	272 (24)	
M	2,524 (75)	849 (76)	
Body mass index (kg/m ²), Mean (SD)	29.96 (5.7)	29.79 (5.6)	0.38
Underlying liver disease, n (%)			
Hepatitis B	36 (1.1)	20 (1.8)	
Hepatitis C	878 (26)	289 (26)	
Hepatitis C and B	2 (<0.1)	2 (0.2)	
NASH	447 (13)	134 (12)	
OH	690 (21)	252 (22)	
Other	1,310 (39)	424 (38)	
Last calculated MELD score, Mean (SD)	16.17 (8.2)	16.23 (6.7)	0.78
Waitlist HCC treatment, n (%)			0.77
curative	260 (7.7)	84 (7.5)	
locoregional	1,836 (55)	612 (55)	
mixed	138 (4.1)	54 (4.8)	
untreated	1,129 (34)	371 (33)	

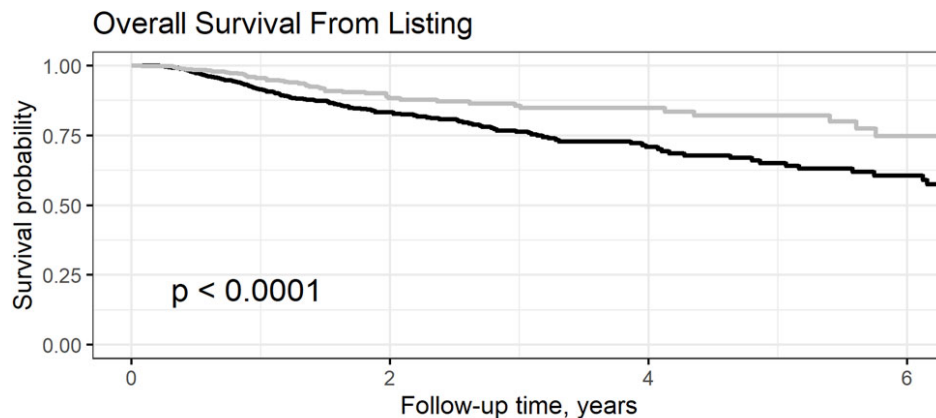
^aWelch Two Sample t-test; Pearson's Chi-squared test.

📊 Interestingly, TIPS was associated with a decrease in the number of HCC. This highlights the potential of TIPS in controlling HCC progression while on the waitlist! #Oncology #LiverTransplant

Outcomes	No TIPS, N = 3,363	TIPS, N = 1,121	p-value ^a
TTV at listing (cm ³), Mean (SD)	12.23 (18.0)	12.70 (16.1)	0.41
TTV change (cm ³ /month), Mean (SD)	0.11 (13.2)	0.28 (6.5)	0.58
Number of tumors at listing, Mean (SD)	1.27 (0.5)	1.28 (0.6)	0.60
Number of tumors change (unit/year), Mean (SD)	0.04 (6.5)	-0.24 (1.9)	0.028
AFP at listing (ng/mL), Mean (SD)	55.38 (262.5)	56.27 (334.3)	0.94
AFP change (ng/mL per month), Mean (SD)	20.67 (328.3)	14.37 (177.9)	0.42

^aWelch Two Sample t-test.

🎯 TIPS status did significantly improve waitlist survival. TIPS patients had a 5-y Overall Survival of 82.1% compared to 65.1% in HCC patients without TIPS (p<0.001). TIPS status did not affect post-transplant outcomes) #WaitlistSurvival

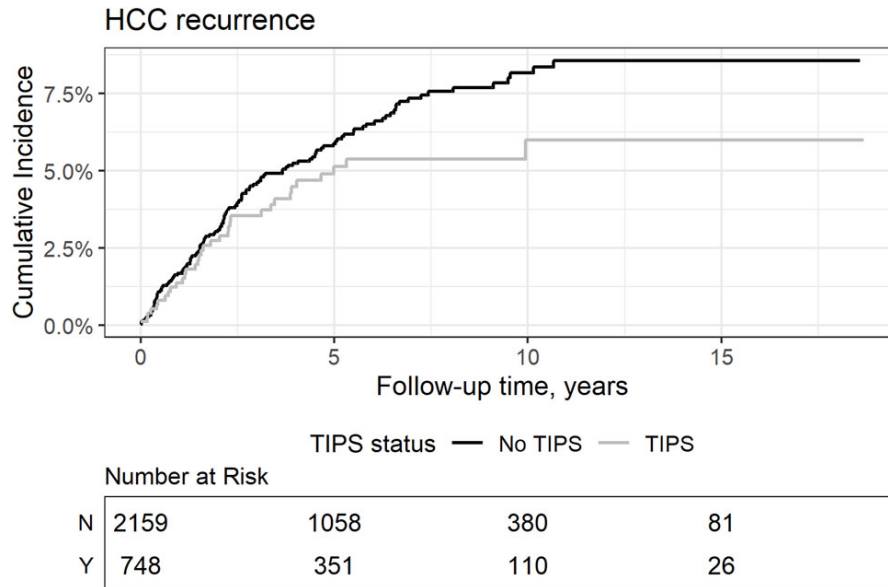


Number at risk

	0	2	4	6
No TIPS	2383	280	99	42
TIPS	804	160	66	28

TIPS status — No TIPS — TIPS

💡 Takeaway: TIPS can be a valuable tool in HCC patients with portal hypertension waiting for transplantation, offering potential tumour control without compromising post-transplant outcomes.



This is the end of the thread. Join us to discuss these results on Monday, 30 September, at 17h00 CEST

Registration link: https://go.esot.org/ti_jc_30sep2024

