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RESULTADO DEL TRASPLANTE HEPÁTICO EN EL COLANGIOCARCINOMA Y HEPATOCOLANGIOCARCINOMA MIXTO INCIDENTAL. ANÁLISIS RETROSPECTIVO DE NUESTRA EXPERIENCIA

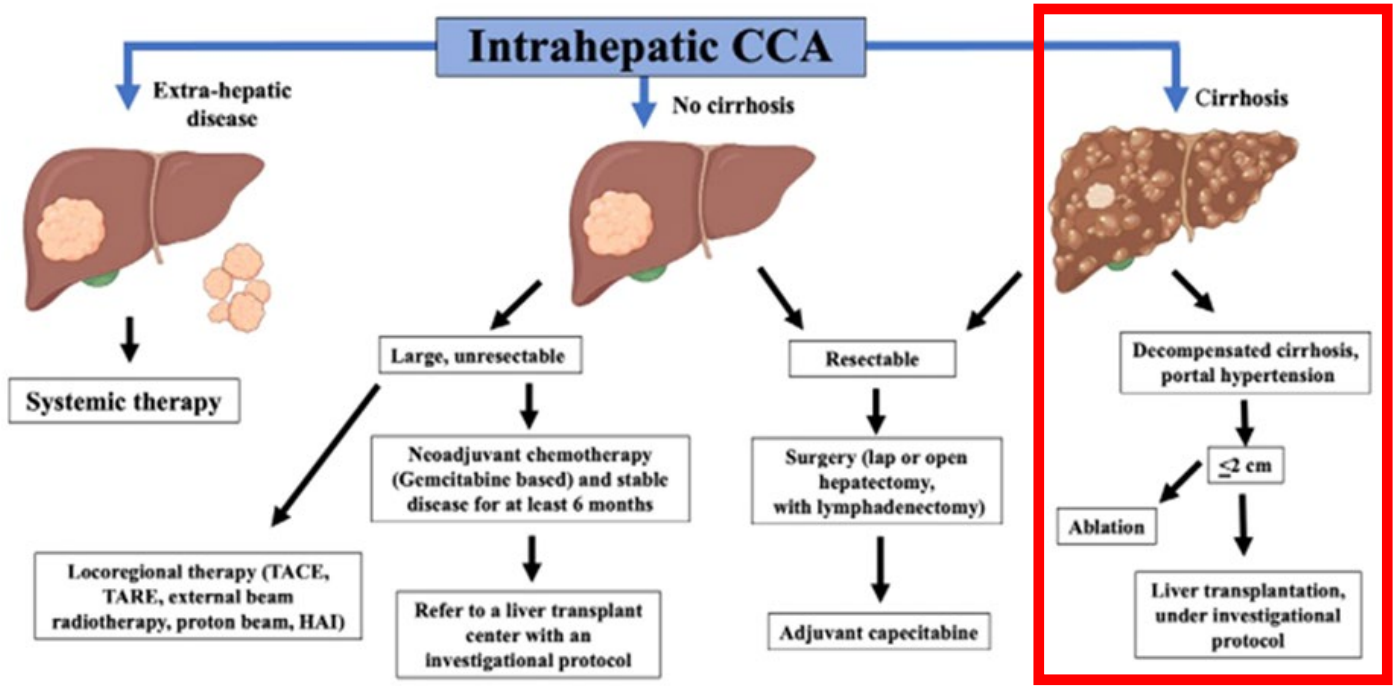
Sofía Lorenzo, **Julia Gutiérrez**, Iago Justo, Alberto Marcacuzco, Anisa Nutu, Alejandro Manrique, Jorge Calvo, Álvaro García, Félix Cambra, Clara Fernández, Silvia Fernández, Alba Gómez, Carmelo Loinaz, Oscar Caso

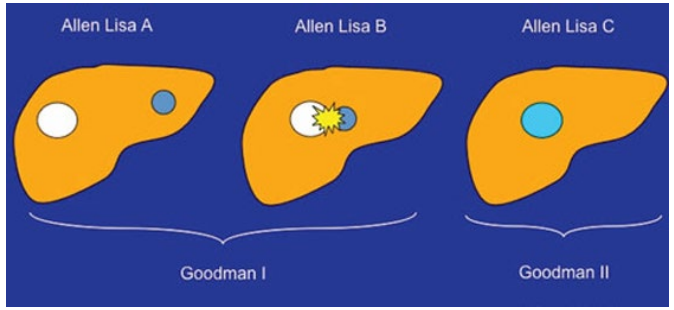
Cirugía HBP y Trasplante de Órganos Abdominales
H12O. Madrid

SaludMadrid Hospital Universitario 12 de Octubre

INTRODUCCIÓN

- Aumento de la **incidencia** (0,6/100,000 en 2000 a 1,3/100,000 en 2018)
- Aumento de la **mortalidad** (2,2/100,000 en 1999 200 a 1,3/100,000 en 2014)
- Dificultad diagnostica (*False Friend* del HCC) → **Hallazgo incidental**
- Tratamiento estándar: **Resección**.
  - T. Supervivencia a 5 años: 30-40%
  - T. Recurrencia: 2/3 de los pacientes.
- Papel del **trasplante hepático** en cirróticos





Sapisochin G et al. Hepatology 2021
Meyer C et al. Transplantation 2000

INTRODUCCIÓN

Intrahepatic Cholangiocarcinoma or Mixed Hepatocellular-Cholangiocarcinoma in Patients Undergoing Liver Transplantation

A Spanish Matched Cohort Multicenter Study

G. Sapisochin, MD, PhD, C. Rodríguez de Lope, MD,† M. Gastaca, MD,‡ J. Ortiz de Urbina, MD,‡ R. López-Andujar, MD, PhD,§ F. Palacios, MD,§ E. Ramos, MD, PhD,¶ J. Fabregat, MD, PhD,¶ J. F. Castroagudín, MD, PhD,‖ E. Varo, MD, PhD,‖ J. A. Pons, MD, PhD,** P. Parrilla, MD, PhD,†† M. L. González-Diéguez, MD,‡‡ M. Rodriguez, MD, PhD,‡‡ A. Otero, MD, PhD,§§ M. A. Vazquez, MD,§§ G. Zozaya, MD,¶¶ J. I. Herrero, MD, PhD,‖‖ G. Sanchez Antolin, MD,*** B. Perez, MD, PhD,††† R. Ciria, MD, PhD,§§§ S. Rufian, MD, PhD,§§§ Y. Fundora, MD, PhD,¶¶¶ J. A. Ferron, MD, PhD,¶¶¶ A. Guiberteau, MD,‖‖‖ G. Blanco, MD, PhD,‖‖‖ M. A. Varona, MD,**** M. A. Barrera, MD,**** M. A. Suarez, MD, PhD,†††† J. Santoyo, MD, PhD,†††† J. Bruix, MD,‡‡‡‡ and R. Charco, MD, PhD**

Total 7876 TH (2000-2010)

- Grupo estudio: 42 pacientes **(0,53%)**
  - 27 (64,3%) iCC
  - 15 (35,7%) HCC-CC
- Grupo control: 84 pacientes

Riesgo recurrencia

- 21,4% estudio vs 3,6% control
- 1-3-5 años: 10-18-27% vs 0-3-3%

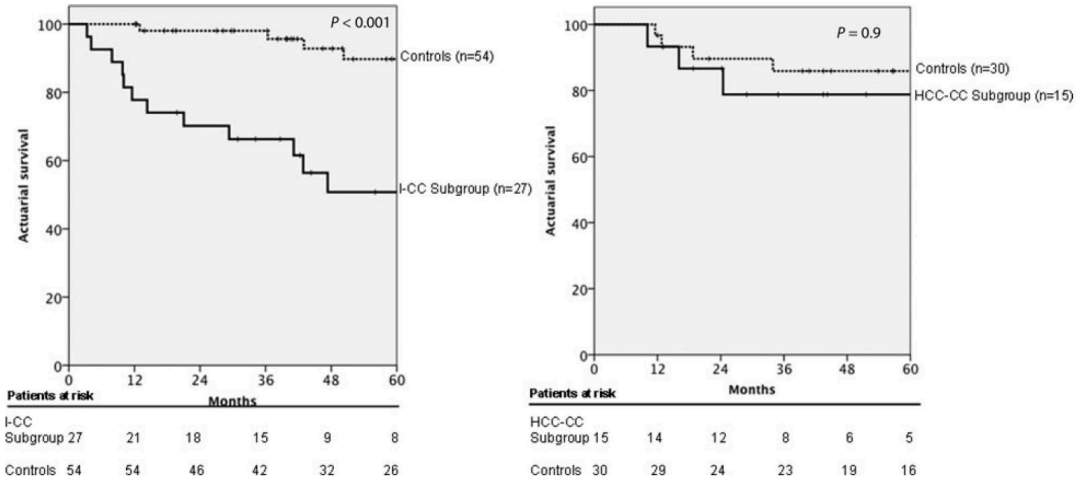


FIGURE 5. Actuarial survival among patients in the *I-CC subgroup* and their controls (A) and the *HCC-CC subgroup* and their controls (B).

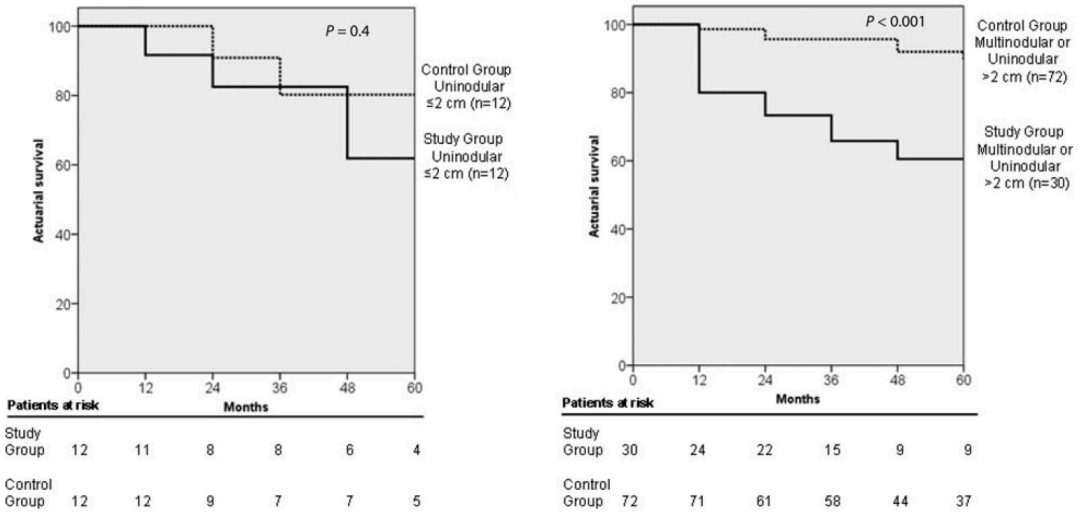


FIGURE 6. Actuarial patient survival between the *study* and *control groups* according to preoperative tumor size and number (A, B).

Sapisochin G et al. Ann Surg 2014

INTRODUCCIÓN

HEPATOBILIARY MALIGNANCIES

Liver transplantation for "very early" intrahepatic cholangiocarcinoma: International retrospective study supporting a prospective assessment

Sapisochin, G.[*,1]; Facciuto, M.[2]; Rubbia-Brandt, L.[3]; Marti, J.[2]; Mehta, N.[4]; Yao, F.Y.[4]; Vibert, E.[5]; Cherqui, D.[5]; Grant, D.R.[1]; Hernandez-Alejandro, R.[6]; Dale, C.H.[6]; Cucchetti, A.[7]; Pinna, A.[7]; Hwang, S.[8]; Lee, S.G.[8]; Agopian, V.G.[9]; Busuttil, R.W.[9]; Rizvi, S.[10]; Heimbach, J.K.[10]; Montenovo, M.[11]; Reyes, J.[11]; Cesaretti, M.[12]; Soubrane, O.[12]; Reichman, T.[13]; Seal, J.[13]; Kim, P.T.W.[14]; Klintmalm, G.[14]; Sposito, C.[15]; Mazzaferro, V.[15]; Dutkowski, P.[16]; Clavien, P.A.[16]; Toso, C.[17]; Majno, P.[17]; Kneteman, N.[18]; Saunders, C.[18]; Bruix, J.[*,19]; on behalf of the iCCA International Consortium

Hepatology 64(4):p 1178-1188, October 2016. | *DOI:* 10.1002/hep.28744

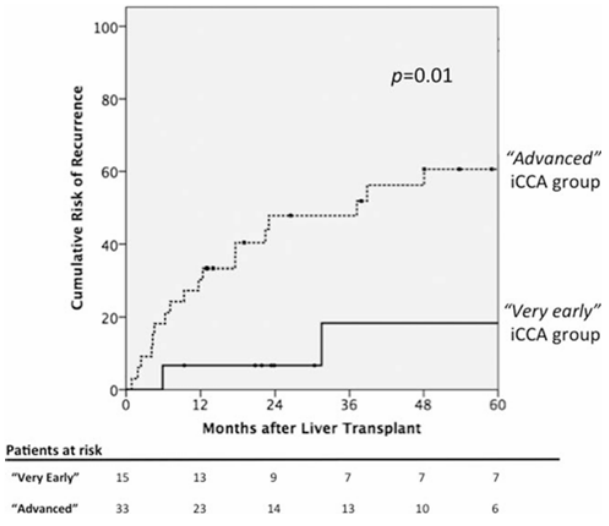


FIG. 1. Cumulative risk of recurrence among patients in the very early versus advanced iCCA groups.

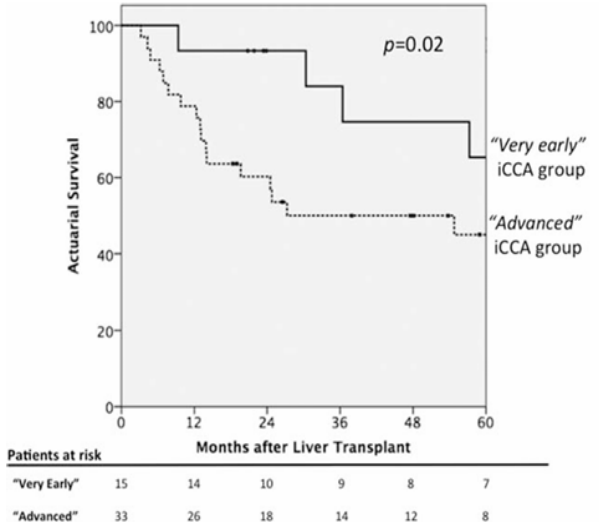


FIG. 2. Actuarial patient survival in the very early versus advanced iCCA groups.

- Multicéntrico internacional
- 17 centros
- 2000-2013: 25.016 trasplantes

- 81 pacientes **(0,32%)**:
- 48 grupo iCCA
- 33 grupo iCCA-HCC (tipo 1)

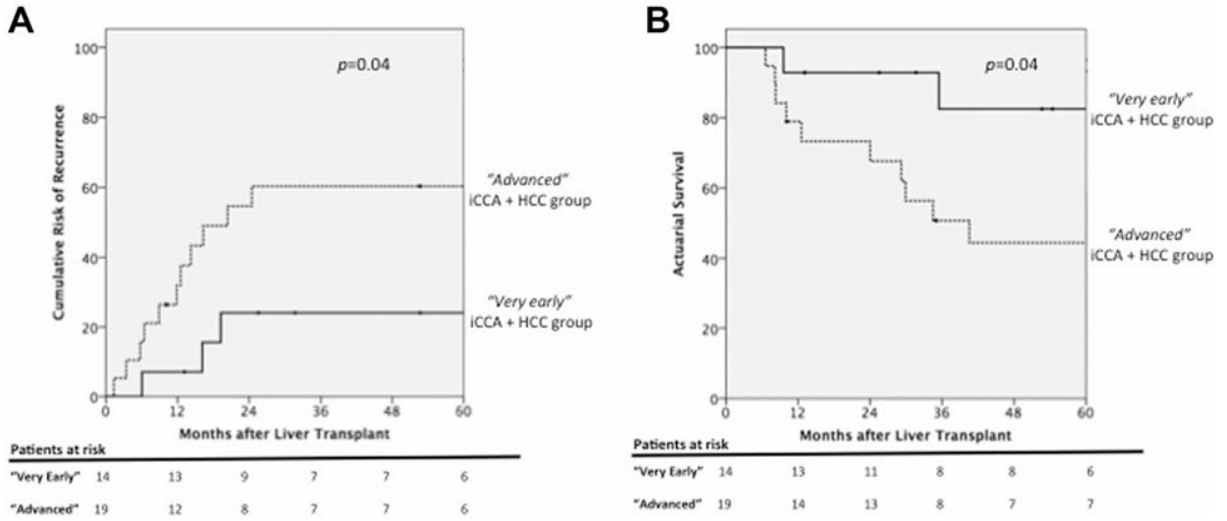


FIG. 3. (A) Cumulative risk of recurrence of patients in the very early iCCA + HCC group versus the advanced iCCA + HCC group. (B) Actuarial patient survival of patients in the very early iCCA + HCC group versus the advanced iCCA + HCC group.

Sapisochin G et al. Hhepatology 2016

INTRODUCCIÓN

ARTICLE IN PRESS

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Invited review

Liver transplant for intrahepatic cholangiocarcinoma: current evidence and clinical practice recommendations

Roi Anteby, Benjamin M. Vierra, Shimul A. Shah *

Department of Surgery, Massachusetts General Hospital, MA, United States

Outcomes for liver transplantation for patients with intrahepatic cholangiocarcinoma, from large/seminal papers published in 2010 to 2025.

Study	Study design	Years	Inclusion criteria	Neoadjuvant treatment	Follow-up, median (range)	n	Tumor size	Number of nodules, median (range)	Overall survival			Recurrence rate
									1 y	3 y	5 y	
McMillan et al.[33]	Prospective, single center (US)	2010–2021	Advanced iCCA, stable ≥ 6 mo neoadjuvant	100% (chemotherapy + 6 mo of stable disease)	26	18	> 2 cm	2 (1–11)	100%	71%	57%	38.9%
De Martin et al.[35]	Retrospective, multicenter, national (France)	2002–2015	Patients with cirrhosis with incidental iCCA after explant	None	25 (0–151)	25 24	≤2 cm 2–5 cm	2 (1–18)	92% 88%	87% 65%	69% 65%	18%
Sapisochin et al.[31]	Retrospective, multicenter, multinational (Europe)	2000–2013	Patients with cirrhosis with incidental iCCA after explant; HCC-iCCA excluded	None	35 (13.5–76.4)	15 33	≤2 cm > 2 cm	1 1 (1–2)	93% 79%	84% 50%	65% 45%	13.3% 51.5%
Lee et al.[36]	Retrospective, single center (US)	1998–2016	Patients diagnosed as having HCC before transplant	82% (locoregional therapy)	35.52 (0–96.36)	12 17	≤2 cm < 5 cm	1 1 (0–2)	63.6% 81.3%	- -	63.6% 51.9%	33.3% 29.4%
Howell et al.[34]	Retrospective, multicenter registry (NCDB, US)	2010–2018	Patients with stage 1 and 3 iCCA	54.9%	-	154	< 5	1	-	-	59.8%	-

HCC, hepatocellular carcinoma; iCCA, intrahepatic cholangiocarcinoma; NCDB, National Cancer Database; US, United States.

INTRODUCCIÓN

Summary of recent society recommendations for LT for patients with iCCA.

Society	Year	Recommendation regarding LT for iCCA	Evidence quality
OPTN [50]	2025	• Candidates with biopsy-proven unresectable solitary iCCA or mixed HCC-iCCA ≤ 3 cm with 6 mo of tumor stability after locoregional or systemic therapy should be considered for MELD exception points based on existing data supporting the role of LT in this setting.	NA
EASL [10]	2024	• Patients with cirrhosis and small, unresectable iCCA (< 2–3 cm) may be considered for LT, ideally within the setting of a clinical trial (given that the evidence to date is limited) and ideally treated on the waiting list with liver-directed therapies.	Weak (level 4)
ILTS-ILCA	2024	• In patients with cirrhosis with iCCA, LT may be considered as a potential therapeutic option in tumors ≤ 3 cm in diameter after a period of observation with stability and without extrahepatic metastasis, given that it offers a chance of curative treatment and improved survival (strength of recommendation: moderate). • In noncirrhotic patients with iCCA, LT is not routinely recommended but may be considered as part of investigational protocols for patients with unresectable, liver-confined disease after at least 6 mo of stability after systemic therapy (strength of recommendation: weak).	Moderate
AASLD [12]	2023	• LT for unresectable liver-limited iCCA should only be considered under research protocols.	NA
Liver Cancer Study Group of Japan [11]	2022	• LT is not recommended for iCCA.	NA

AASLD, American Association for the Study of Liver Diseases; EASL, European Association for the Study of the Liver; iCCA, intrahepatic cholangiocarcinoma; ILCA, International Liver Cancer Association; ILTS, International Liver Transplantation Society; LT, liver transplantation; MELD, model for end-stage liver disease; NA, not available; OPTN, Organ Procurement and Transplantation Network.

Anteby R et al. J Gastrointest Surg 2025

OBJETIVO

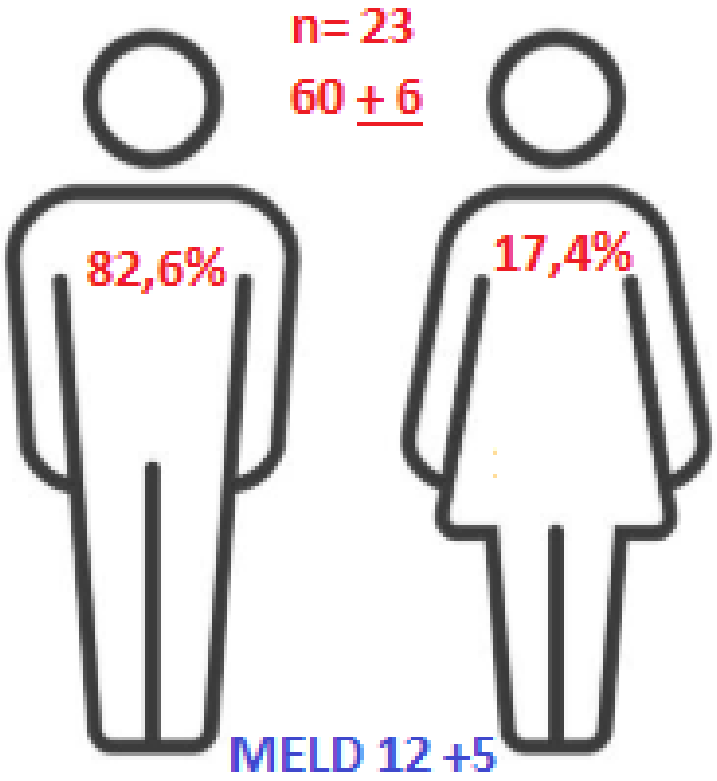
Analizar los resultados de TH en nuestro centro con diagnóstico anatomopatológico incidental de iCCA y HCC-CC

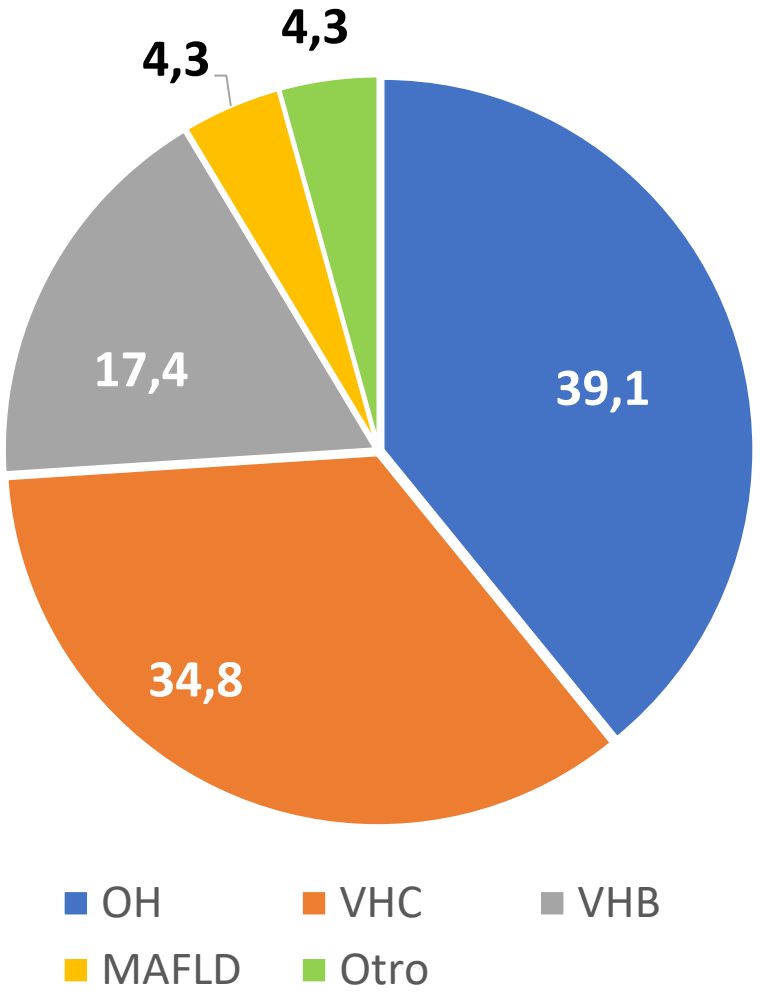
MATERIAL Y MÉTODOS

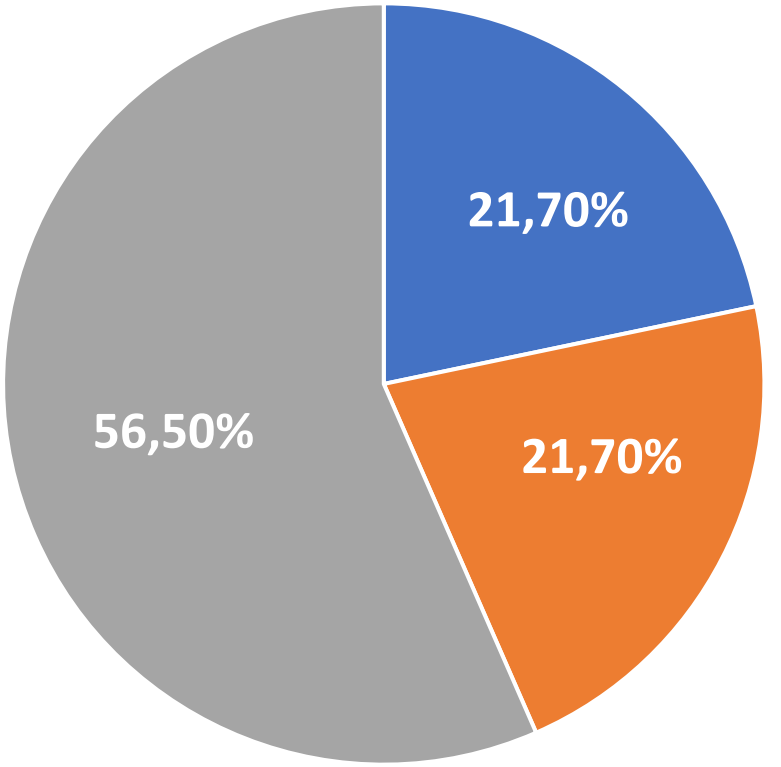
- Estudio retrospectivo, observacional y descriptivo de una cohorte histórica compuesta por todos los pacientes adultos trasplantados hepáticos con **diagnóstico anatomopatológico incidental** de colangiocarcinoma o hepatocolangiocarcinoma.
- Se incluyeron pacientes con y sin sospecha de CHC pretrasplante.
- **Clasificación: grupo iCC, grupo iCC-HCC separados (Goodman tipo 1), grupo iCC-HCC juntos (Goodman tipo 2).**
- Se analizaron múltiples variables del donante, del receptor y anatomopatológicas.
- Se estudió la supervivencia global del paciente y libre de enfermedad.

Abril 86-Diciembre 2024 → 2314 TH → 23 CC+HCC-CC (0,99%)

RESULTADOS







13 (56,5%) HCC preTX

RESULTADOS

CARACTERÍSTICAS AP

Nódulo mayor(cm)	2.6±1
Núm. nódulos (n)	2 (3)
Invasión vascular	8 (34.8%)
Ganglios positivos	1 (4.3%)
Diferenciación tumoral	
-Bien	10 (43.5%)
-Moderada	8 (34.8%)
-Pobre	5 (21.7%)

TERAPIAS LOCORREGIONALES

TLR pre-tx	13 (56.5%)
No respuesta	6 (26.1%)
Respuesta parcial	7 (30.4%)

COMPLICACIONES

Dindo-Clavien	
-No	11 (47.8%)
-I	0
-II	3 (13%)
-III	8 (34.8%)
-IV	1 (4.3%)
-V	0

RESULTADOS

	CC (n=5)	HCC-CC (n=18)	p
Tipo donante (DBD)	4 (80%)	16 (88,9%)	0,539
Edad receptor (años)	61,2±8,5	60,2±5,8	0,809
Sexo receptor (hombre)	5 (100%)	14 (77,8%)	0,346
Causas cirrosis			
-Alcohol	2 (40%)	7 (38,9%)	0,642
-VHC	1 (20%)	7 (38,9%)	
-Oras	2 (40%)	4 (22,2%)	
MELD	12,4±6	12,2±4,4	0,957
Estadio (2 cm)			
- Very early	2(40%)	4 (22%)	0,131
- Advanced	3 (60%)	14 (78%)	
AFP	65,8 (513)	8,47 (40,5)	0,883

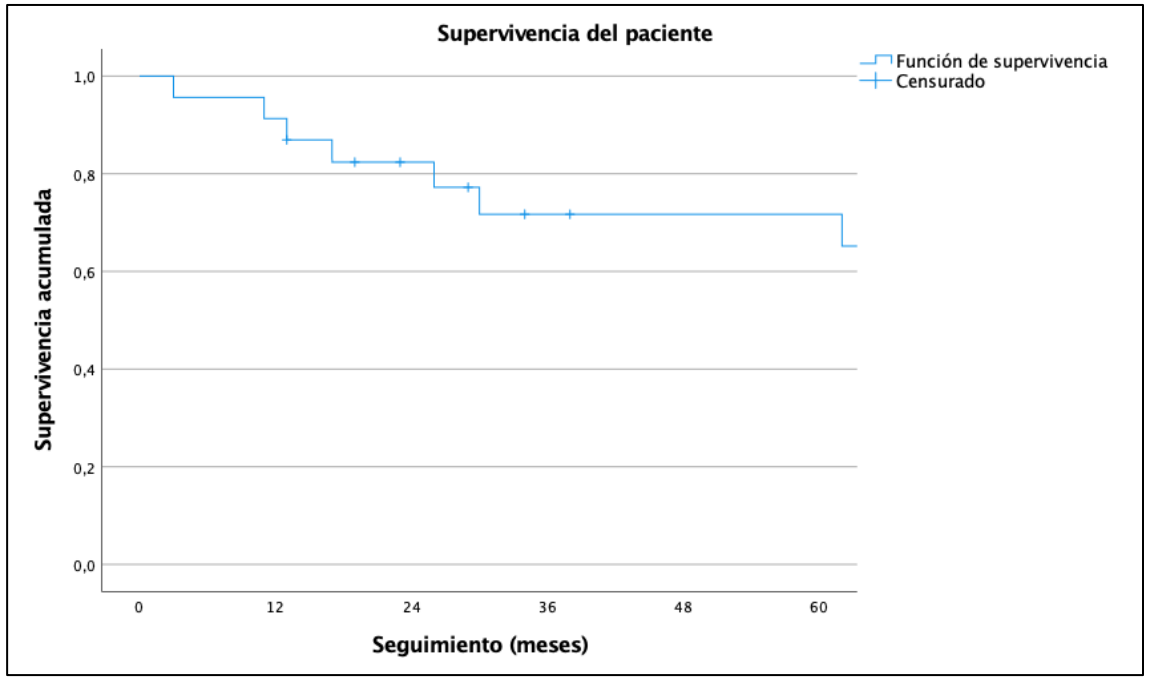
	CC (n=5)	HCC-CC (n=18)	p
Largest nodule (cm)	1,78±0,6	2,8±1	0,017
Nodules (n)	1 (2,5)	3 (2,25)	0,159
Vascular invasion	1 (20%)	7 (38,9%)	0,414
Positive lymph nodes	0	1 (5,6%)	0,783
Tumor differentiation			
-Well	3 (60%)	7 (38,9%)	0,562
-Moderately	1 (20%)	7 (38,9%)	
-Poorly	1 (20%)	4 (22,2%)	
Locoregional therapies	3 (60%)	10 (55,6%)	0,633
-No response	1 (33,3%)	5 (50%)	
-Partial response	2 (66,7%)	5 (50%)	
Dindo-Clavien ≥3	2 (40%)	10 (55,6%)	0,895
Recurrence	1 (20%)	2 (11,1%)	0,539

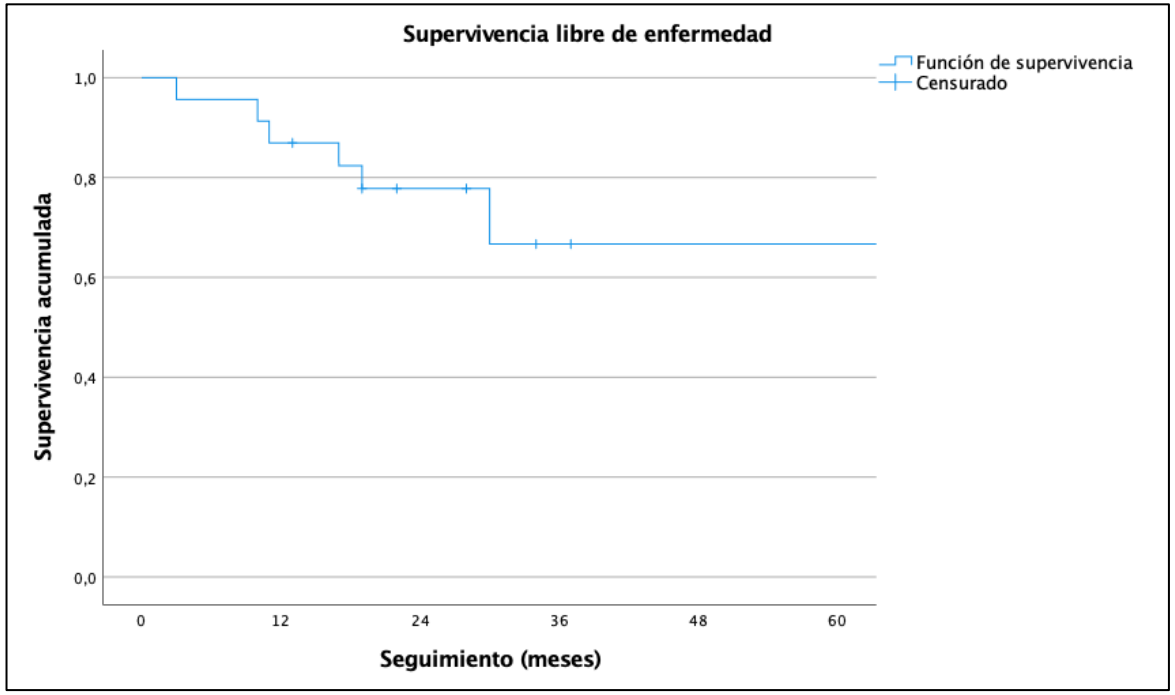
Recurrencia 3 casos (13%)

1 HCC-CC tipo II (1 nódulo 4 cm)
1 HCC-CC tipo II (1 nódulo 2,7 cm + 10 CHC<1 cm)
1 CC (2 cm)

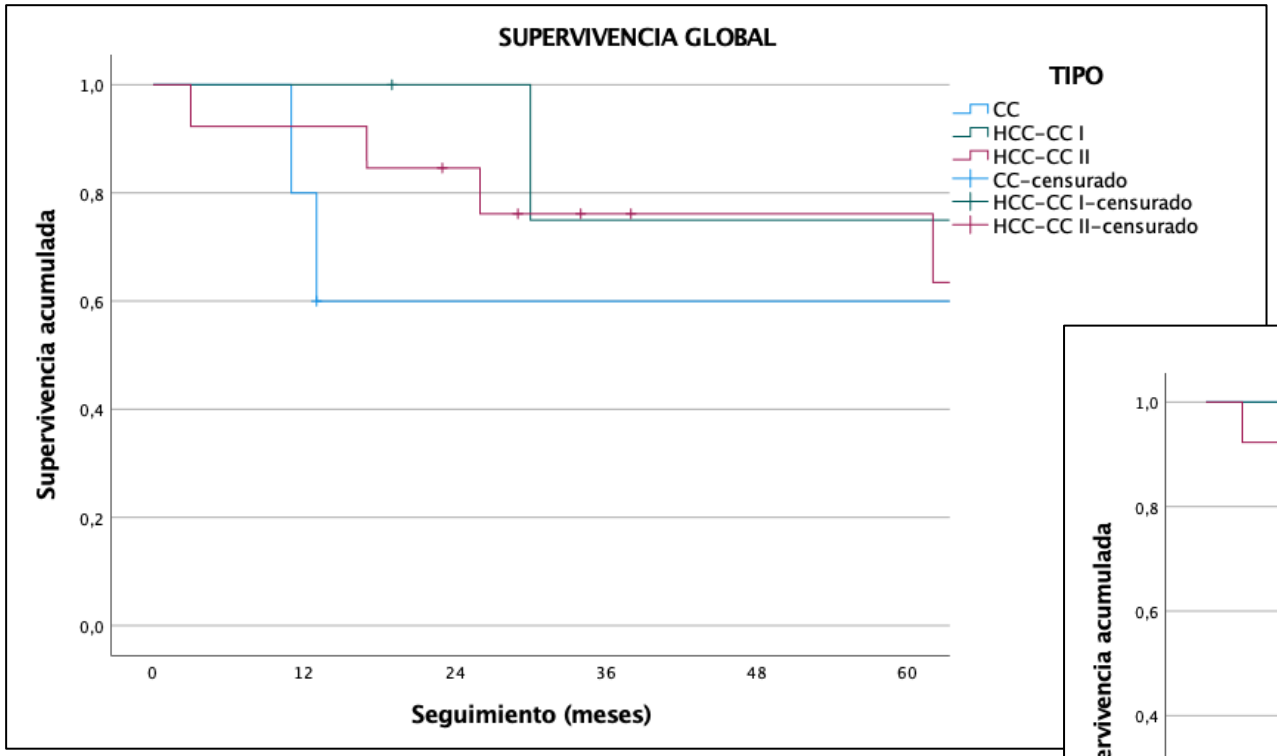
RESULTADOS

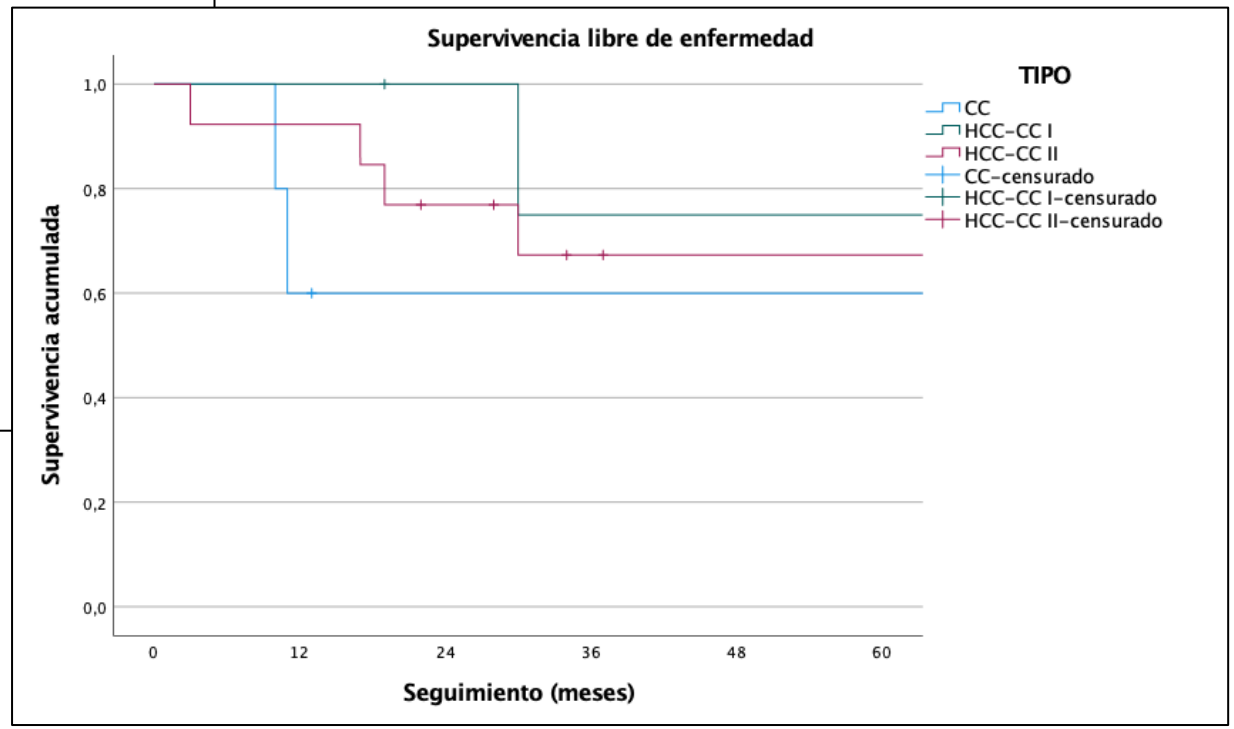
- Después de una mediana de seguimiento de 38 (90) meses, la **recidiva** fue del 13% (3 pacientes) y la mortalidad del 34,8% (8 pacientes).
- Las principales causas de muerte fueron: enfermedad cardiovascular (13%), recidiva tumoral (8,7%) e infección (8,7%).



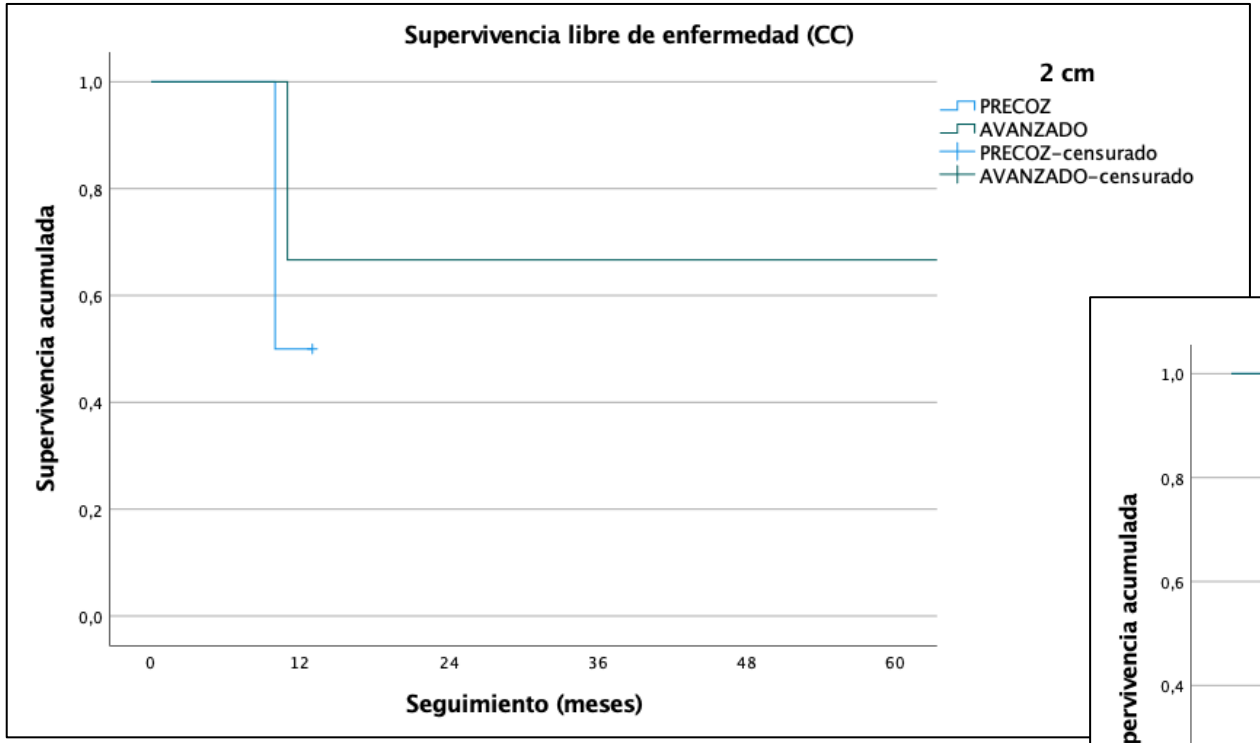


RESULTADOS

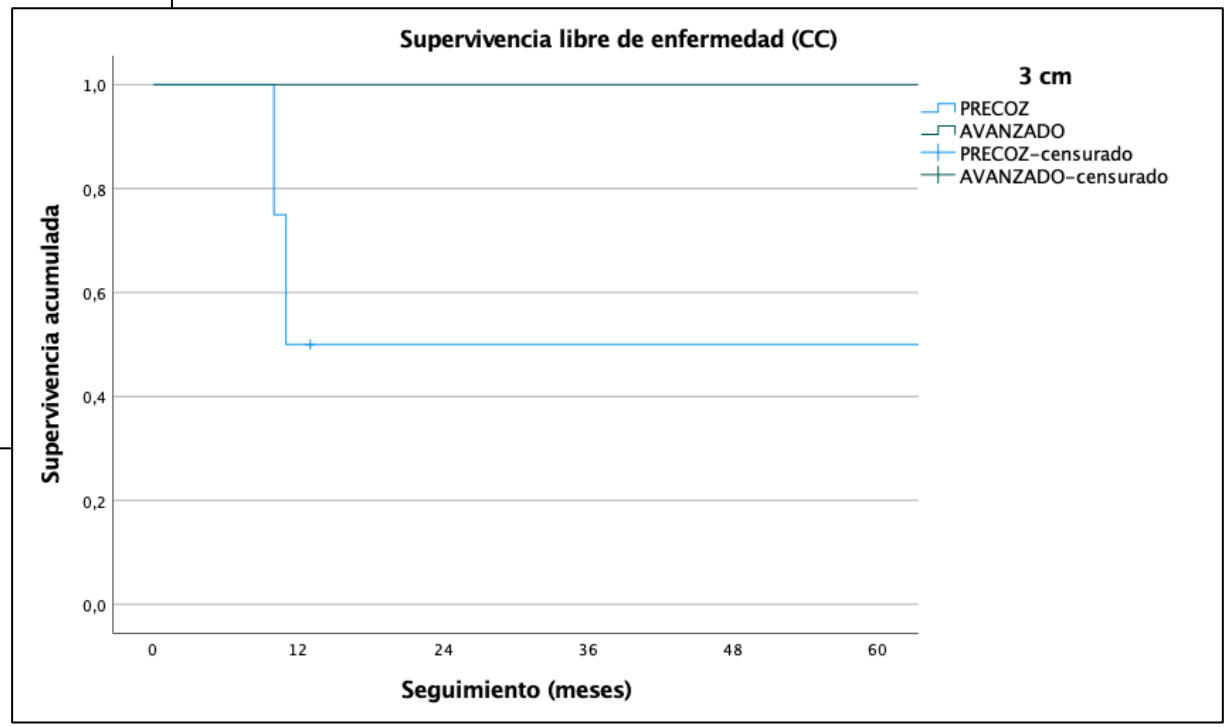

SUPERVIVENCIA GLOBAL
Supervivencia acumulada
1,0
0,8
0,6
0,4
0,2
0,0
0
12
24
36
48
60
Seguimiento (meses)
TIPO
CC
HCC-CC I
HCC-CC II
CC-censurado
HCC-CC I-censurado
HCC-CC II-censurado


Supervivencia libre de enfermedad
Supervivencia acumulada
1,0
0,8
0,6
0,4
0,2
0,0
0
12
24
36
48
60
Seguimiento (meses)
TIPO
CC
HCC-CC I
HCC-CC II
CC-censurado
HCC-CC I-censurado
HCC-CC II-censurado

RESULTADOS

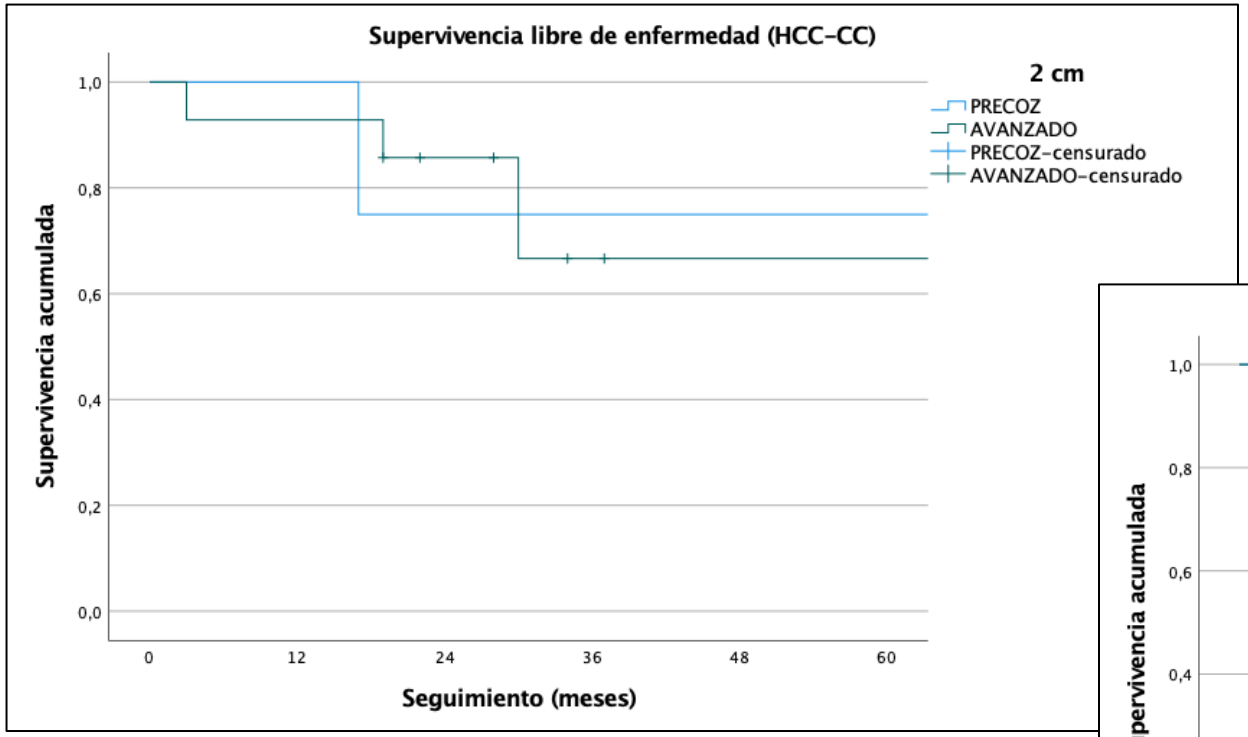


Recidiva “very early” 1 caso (50%)
Recidiva ”advanced” 0

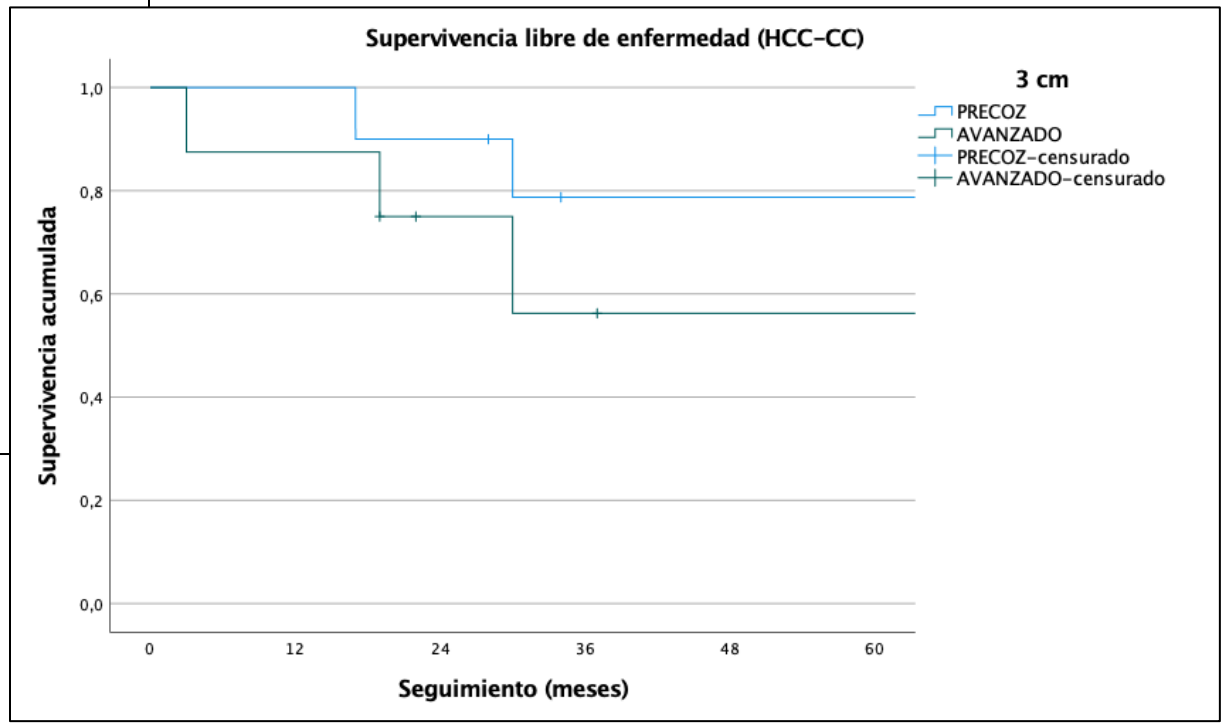


Recidiva “very early” 1 (25%)
Recidiva ”advanced” 0

RESULTADOS



Recidiva “very early” 0
Recidiva ”advanced” 2 (14,3%)



Recidiva “very early” 1 (8,3%)
Recidiva ”advanced” 1 (16,7%)

LIMITACIONES

- Los inherentes a la naturaleza retrospectiva del estudio
- Serie unicéntrica de pequeño tamaño
- Escaso número de colangiocarcinomas, predominan los hepatocolangiocarcinomas
- Grupos muy heterogéneos

CONCLUSIONES

- La incidencia de CC y HCC-CC como hallazgo incidental en el trasplante hepático fue baja (0,99%).
- El CC y HCC-CC parecen entidades diferentes que deben ser estudiadas por separado.
- Nuestra tasa de recurrencia global fue del 13%, similar a la descrita en otros estudios.
- La supervivencia global y libre de enfermedad de toda la cohorte fue > 60%, algo mayor en el HCC-CC, aunque las diferencias no fueron significativas.
- El TH podría ser una opción de tratamiento adecuada en pacientes con estadios precoces, pero está por definir las características de este grupo de pacientes.

FUTURO

Criterios Inclusión

- Cirrosis
- iCCA irresecable ≤ 2 cm
- No metastásico
- Ca 19-9 ≤ 100 ng/mL

NCT02878473 **Terminated**

Liver Transplantation for Early Intrahepatic **Cholangiocarcinoma**

Conditions

Intrahepatic **Cholangiocarcinoma**

Locations

Toronto, Ontario, Canada

NCT04848805 **Unknown status ***

Liver Transplantation in Patients With Incidental Hepatocellular-**cholangiocarcinoma** and Intrahepatic **Cholangiocarcinoma**: A Single-center Experience

Conditions

Adult Combined Hepatocellular-**Cholangiocarcinoma**

Locations

Istanbul, Turkey (Türkiye)

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