



# IMPACT OF LIVER RESECTION ON THE PATTERNS OF EARLY TUMOUR RECURRENCE

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A number of therapeutic options are available for patients with liver tumours. These include surgical resection, minimally invasive local ablative therapies, systemic chemotherapy and other emerging therapies. The gold standard for the treatment of patients with liver metastases is surgical resection. A significant number of patients who undergo liver resection for liver tumours (Hepatocellular carcinoma {HCC} or Colorectal cancer liver metastases) later present with tumour recurrence. It is unknown whether the degree of liver resection influences the patterns of early cancer recurrence in patients. This study is based on all

patients diagnosed with HCC or liver metastases that have received liver resection, and were followed up and managed at Austin Health, Melbourne, for tumour recurrence. Patient record databases with information containing a minimum of 2 years follow-up, presentation details, treatment received and follow up details will be used. Data will be collated and statistical analyses will be used to determine whether there is correlation between the degree of liver resection and the patterns of early tumour recurrence seen in these patients.

## Techniques:

Data collection  
Searching Patient records  
Database and spreadsheet management  
Statistical analyses

## Projects

1. To correlate the degree of liver resection to clinical outcomes.
2. Impact of non surgical therapies on tumour recurrence after liver resection.

## Publications:

Christophi C. Hepatocellular carcinoma: implications of microvascular invasion and tumour thrombi. ANZ J Surg. 2007 Mar; 77(3):99-100.

Nikfarjam M , Muralidharan V, Christophi C. Altered growth patterns of colorectal liver metastases following focal hyperthermia ablation. Surgery, 139(1):73-81, Jan 2006.

Nikfarjam M, Evans P, Muralidharan V, Christophi C. Primary Hepatic Carcinoid Tumours - Review. HPB, 6(1); 13-17, 2004.