Asian Transplantation Week 2023

Nov. 15(Wed)~18(Sat), 2023
Conrad Seoul, Korea

Submission No.: CS02-9402
Session : Concurrent Symposium 2 (Liver)
Date & Time, Place : November 17 (Fri), 08:00-09:30, Room 5F-1
Session Title : Long-term outcome of LT

De-novo maligancy after liver transplantation~Reports from the centers and what we need to do

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After liver transplantation (LT), standard incidence rate (SIR) of skin cancer is over 30 and that of solid organ cancer is around 2-5, but survival outcomes of sloid organ tumors after LT is much worse than that of skin cancer. Age, smoking and alcoholism are the significant risk factors for solid organ non-skin cancers. In eastern countries, GI tract caner (especially colon and stomach) is the most major organ system in which de novo malignancies occur after liver transplantation (22-50%). Head and neck (thyroid), chest (lung, breast), and abdominal (hepatobiliary, renal, urinary, bladder, prostate, uterine) are also high incidence sites for de novo malignancies. Thus, screening protocols using GI tract endoscopy, chest to pelvic CT scan might be effective for early-stage malignancies. In western countries, Lung, head/neck, and GI tract tumor is the major organ system in which de novo malignancies occur after liver transplantation even in western countries. Solid organ tumor could lead to poor patient survival. Intensified screening protocols using chest to pelvic CT scan, ENT visit and GI tract endoscopy might be effective for early -stage malignancies. In terms of immunosuppression, introduction of mTOR inhibitors has been reported to be associated with decreased mortality in de novo malignancies after LT with optimal oncologic treatments. Another report showed move advanced stage cancer can benefit survival benefit from mTOR induction than early-stage cancer. There are specific liver disease process and specific high-risk cancers. Such combinations include primary sclerosing cholangitis and colon cancer, non-alcoholic steatohepatitis and colon and pancreas cancer. Finally in order to Microsatellite analysis and FISH analysis for sex gene are the key lab-methods for proving the origin of the cells.