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Impact of overweightness and critical weight loss on overall survival in Patients with hepatocellular carcinoma initially treated with chemoembolization

Background: Body overweightness and critical weight loss have been suggested to be important risk factors for overall survival in hepatocellular carcinoma (HCC) patients. However, studies on this association based on a large patient cohort are still lacking. Therefore, we aimed to evaluate the impact of overweightness and critical weight loss on overall survival in patients with initially treated HCC.

Methods: We collected data on 3,002 consecutive patients with HCC treated with transarterial chemoembolization. Patients were categorized into four groups based on their weight loss and body mass index (BMI): group 1 (BMI ≥ 24 kg/m² and weight loss < 5%); group 2 (BMI ≥ 24 kg/m² and weight loss ≥ 5%); group 3 (BMI < 24 kg/m² and weight loss < 5%); and group 4 (BMI < 24 kg/m² and weight loss ≥ 5%). The primary endpoint was overall survival, and the Cox proportional hazards model was used for univariate and multivariate analyses.

Results: During a median follow-up of 27 months, 502 patients died, with 12 months of follow-up. The univariate analysis showed that overweightness and critical weight loss were associated with poorer overall survival (P = 0.004 and P < 0.001). In the multivariate analysis, overweightness and critical weight loss were independent predictors of overall survival (P = 0.003 and P < 0.001), with hazard ratios of 1.62 and 3.50, respectively.

Conclusion: Overweightness and critical weight loss are independent risk factors for overall survival in patients with HCC. Early intervention is necessary to improve the overall survival of these patients.

Long-term outcome and prognostic factors of combined hepatocellular carcinoma and cholangiocarcinoma after curative resection

Background: Combined hepatocellular carcinoma and cholangiocarcinoma (CHC-C) is a rare malignant tumor that is difficult to treat. The long-term outcome and prognostic factors of CHC-C patients are not well understood. The purpose of this study was to analyze the long-term outcome and identify the prognostic factors of CHC-C patients after curative resection.

Methods: We retrospectively analyzed the data of 55 patients with CHC-C who underwent curative resection at our institution. Univariate and multivariate analyses were performed to identify prognostic factors. The Kaplan-Meier method was used for survival analysis.

Results: The median follow-up period was 44.0-60.0 months. The 5-year and 10-year overall survival rates were 80.0% and 52.5%, respectively. The factors associated with overall survival were age, tumor number, and regional nodules. The factors associated with disease-free survival were age, tumor number, and regional nodules.

Conclusion: This study demonstrated that age, tumor number, and regional nodules are independent prognostic factors for CHC-C patients after curative resection. These findings may help in the selection of appropriate treatment strategies for CHC-C patients.
Joint effect of pre-operative anemia and perioperative blood transfusion on outcomes of colon-cancer patients undergoing colectomy

Background: Pre-operative anemia and perioperative blood transfusion have been associated with adverse outcomes in colon cancer surgery. However, the impact of these factors on perioperative blood transfusion and its association with bowel cancer surgery outcomes is not well understood. Our study aimed to evaluate the effects of pre-operative anemia and perioperative blood transfusion on outcomes of colon cancer patients undergoing surgery.

Methods: We conducted a retrospective analysis of 1575 patients who underwent curative resection for colon cancer. Pre-operative anemia was defined as a hemoglobin level of <12 g/dL. Perioperative blood transfusion was defined as any blood product transfused during the perioperative period. The primary outcome was the presence of any adverse event within 30 days of surgery, including postoperative complications, readmission, and mortality.

Results: Among the 1575 patients, 227 (14.5%) had pre-operative anemia and 482 (30.5%) received perioperative blood transfusion. Patients with pre-operative anemia were more likely to receive perioperative blood transfusion (37.4% vs 24.8%, P = 0.001). The presence of pre-operative anemia was associated with a higher risk of adverse events (RR: 1.65, 95% CI: 1.15-2.36, P = 0.006). Perioperative blood transfusion was also associated with a higher risk of adverse events (RR: 1.53, 95% CI: 1.27-1.84, P < 0.001). The combination of pre-operative anemia and perioperative blood transfusion was associated with a significantly higher risk of adverse events (RR: 2.29, 95% CI: 1.57-3.33, P < 0.001).

Conclusion: Pre-operative anemia and perioperative blood transfusion are independent risk factors for adverse outcomes after colon cancer surgery. Early identification and management of these risk factors may improve surgical outcomes.