



:  
 :  
 3 84 , 1 100  
 , Child , HBsAg  
 , 1  
 ,  
 가 Fisher (Fisher exact probability test)  
 : Child A C(p<0.01), (p<0.05),  
 (p<0.01), (p<0.01), 1  
 (p<0.01) (p<0.05)  
 HBsAg (p>0.10), Child A B(p>0.30), B C(p>0.20),  
 (p>0.30), (p>0.30) (p>0.30)  
 : (Child  
 A), , 1  
 .  
 가 ,  
 1980 가 가 가  
 (1-3).  
 (percutaneous ethanol injection  
 therapy: PEIT)  
 (4-5), 가  
 .  
 .  
 14  
 (6-18). , 1  
 100 ( ) ,  
 , 가 3  
 가 84 ( )  
 .

prostaglandin E1 , (p<0.01) 5cm 39 , 5cm 17  
55 23  
(p>0.30).  
C 10mg 20-50mg 2-40cc 1 가 28 , 가 72 ,  
3 81 ,  
(p<0.01).  
가 82 ,  
18 , 80 4 ,  
가 (p<0.05).  
가 Fisher 가 37 , 가  
(Fisher exact probability test) 95% 63 , 26 58  
(p>0.30) (Table 1).  
1) HBsAg , 2) Child (A, B, C), 3)  
(alpha-fetoprotein) : HBsAg  
가 91.5% 400ng/ml  
(17). 4) : Eggel 가  
(massive), (nodular) (infiltrative)  
(19). 5) :  
(magic number)  
5cm (10), 가  
. 6) 1 ( 가  
). 7) :  
. 8) :  
HBsAg : 63 37  
, 39 45  
, HBsAg  
(p>0.10).  
Child : A 56 , B 24 , C 20  
, A 64 , B 16 , C 4 . Child  
A B(p>0.30), B C(p>0.20)  
가 , A C  
(p<0.01).  
: 400ng/ml 가 64 ,  
가 36 , 37  
47 ,  
가 (p<0.05).  
: 14 , 42  
44 , 13 , 65 6  
(p>0.30), (p<0.01),

Table 1. Prognostic Factors Identified by Fisher's Exact Probability Test

Factors	No. of Patients		p value
	Control group	Survivor group	
HBsAg	(+) 63	39	> 0.10
	(-) 37	45	
Child classification	A 56	64	* > 0.30
	B 24	16	** < 0.01
	C 20	4	*** > 0.20
AFP	400ng/Ml 64	37	< 0.05
	< 400ng/Ml 36	47	
Tumor shape	massive 14	13	+ > 0.30 ++ < 0.01 +++ < 0.01
	nodular 42	65	
	infiltrative 44	6	
Tumor size	> 5 cm 39	55	> 0.30
	≤ 5 cm 17	23	
PVT	(+) 28	3	< 0.01
	(-) 72	81	
Vascularity	high 82	80	< 0.05
	low 18	4	
TAE	Lipiodol TAE 37	26	> 0.30
	Gelfoam TAE 63	58	

HBsAg : hepatitis B surface antigen, AFP : alpha-fetoprotein,

PVT : portal vein thrombosis

\* Child A vs B, \*\* A vs C, \*\*\* B vs C

+ massive type vs nodular type, ++ massive vs infiltrative,

+++ nodular vs infiltrative

, Eggel (8, 13, 19).  
 가 , Akashi (13) 가  
 가 , Yamada (16) (14)  
 , Taniguchi (8)  
 가 , Hatanaka (7)  
 가 가 (15)  
 ,  
 가 (turning  
 point) (5), 가  
 가  
 가,  
 가, 가  
 가 가 (5).  
 가 가  
 , Okuda (6), (3)  
 (14) 가  
 Ikeda (5, 18) 가 가  
 . Izumi (9) 104  
 HBsAg 가 (5, 15-16, 18).  
 HBsAg (disease free survival)  
 5cm  
 Child 2cm , 5cm 2-5cm  
 . Yamada (16) (14) 가 , 2cm 2-5cm 37  
 Child C 가 가 가  
 Child C ,  
 Yamanaka (11) 295  
 2cm 5 5cm  
 2-5cm  
 가 가  
 (5). 가 , 가  
 Yamada (16) Child C 가  
 . Hsu (10) 143  
 5cm , 5cm 5cm  
 가 3cm 3.1-5cm  
 (5, 16-18), 가 5cm 4  
 5.1-9cm  
 9cm 4  
 5cm가 (magic  
 number)  
 가

87 가

Taniguchi (8)  
( , HBsAg HCV ,  
) 2cm , 2cm-5cm 5cm

가

5cm 가 (Child A),  
2cm , 5cm 가  
(Child ) (

가

1

(1, 16).

(12-13),  
가 (3, 5, 14-18).

Izumi (9)  
가 (turning point)

가 , PEIT

가

가 1

가

가 (16).

가 PEIT

4

(20).  
가

가

Yamada (16)

가

(schirrhus) (sarcomatous degeneration)

(21). (15)  
(vascularity) (neovascu-  
larity) 가

가 (14) Ikeda (5, 18)

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## Prognostic Factors in Transcatheter Arterial Chemoembolization of Hepatocellular Carcinoma : Analysis of More than 3 Year Survivors<sup>1</sup>

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**Purpose :** To determine which prognostic factors contribute to long-term survival after transcatheter arterial chemoembolization(TACE) of hepatocellular carcinoma.

**Materials and Methods :** In 100 patients who expired within one year and 84 who survived or have survived for more than 3 years after TACE, prognostic factors were retrospectively evaluated. TACE was accomplished by hepatic arterial infusion of a suspension of Lipiodol and anticancer drugs(Mitomycin-C and Adriamycin), either alone or followed by gelfoam embolization. Fisher 's exact test of probability was used to determine which prognostic factors were statistically significant.

**Results :** Statistically significant prognostic factors were as follows: Child classification( $p < 0.01$ ), alpha-fetoprotein value( $p < 0.05$ ), type of tumor( $p < 0.01$ ), portal vein status( $p < 0.01$ ), and vascularity of the tumor( $p < 0.05$ ). HBsAg, tumor size, and method of chemoembolization were not statistically significant( $p > 0.05$ ).

**Conclusion :** The prognosis of patients with hepatocellular carcinoma treated by TACE was affected favorably by good liver function(Child classification A), low alpha-fetoprotein value, nodular or massive-type tumor, patent main and first-order portal vein, and hypervascular tumor.

**Index words :** Liver neoplasms, chemotherapeutic infusion  
Arteries, therapeutic blockade  
Hepatic arteries, chemotherapeutic infusion

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