

Evaluation of potential recipients for LT for hepatic malignancy with other primary or secondary malignancies of the liver. Cholangiocarcinoma (CCA) has been an uncommon indication for LT for nearly three decades. Recently there has been more interest with wider adaptation of the Mayo protocol, which involves strict patient selection, intensive pre-LT chemo radiation therapy, staging laparoscopy to assess tumour spread and then transplantation. Five-year survival has been reported in the range of 55–65% for hilar CCA in patients with primary sclerosing cholangitis (PSC), who get these cancers more commonly than de novo CCAs. Summary box 89.2 LT for hepatic malignancy

The Mercedes-Benz sign takes its name from the insignia displayed on the bonnet of a Mercedes-Benz car.

Evaluation is undertaken by a multidisciplinary team, including a transplant surgeon and hepatologist

Determine the presence of physical and mental health comorbidities

Exclude malignancy and systemic sepsis

Determine any contraindications

Determine if the patient will benefit from LT with an acceptable quality of life

Determine if the disease is sufficiently advanced to meet the minimal listing criteria for LT (e.g. UK end-stage liver disease [UKELD] score 49 or more)

Determine the availability of family or social support and probable ability to cope psychologically with LT and comply with immunosuppression

Optimise recipient condition before LT

LT for HCC simultaneously treats the tumour and the underlying liver disease

LT for HCC represents 15–50% of all transplants performed in most centres

Milan criteria allow selection of HCC patients for LT, with improved overall and disease-free survival

Milan criteria (one lesion ≤ 5 cm, or three or fewer lesions ≤ 3 cm each)

UCSF criteria (one lesion ≤ 6.5 cm, or three or fewer lesions ≤ 4.5 cm each, with a total tumour diameter ≤ 8 cm)

UK HCC criteria (one lesion <5 cm, or five or fewer lesions all ≤ 3 cm, or a single tumour >5 cm and ≤ 7 cm in diameter with no evidence of progression over a 6-month period)

Tumour recurrence after LT for HCC ranges between 8% and 20% depending upon the criteria followed

Primary malignant liver tumours constitute just over 1% of all childhood cancers

The most common tumours that require LT in children are hepatoblastoma and HCC

CCA, colorectal and neuroendocrine liver metastases are among the new indications for LT

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