



EPIDEMIOLOGY AND CHARACTERISTICS OF HEPATOCELLULAR CARCINOMA IN FRANCE: RESULTS OF THE FIRST 2000 REAL-LIFE PATIENTS FROM THE CHIEF PROSPECTIVE COHORT

Introduction : Hepatocellular carcinoma (HCC) is the leading cause of cancer-related death worldwide*. The objective of the study is to describe the epidemiology and management of HCC in France based on data from the CHIEF cohort. *Globocan 2020. https://gco.iarc.fr



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Epidémio CHIEF 2000 :

1st global analysis of the first 2000 patients included

Epidemiology of patients with hepatocellular carcinoma in France, in a



Fig. 4: Survival curves according to the traitment



Industrial: Roche, AstraZeneca, IPSEN, Bayer).



Méthods : CHIEF is a prospective, national observational cohort initiated in September 2019. Clinical, biological, radiological and therapeutic characteristics of patients were collected with a planned 5-year follow-up for each patient...

Results : 2043 patients were included from September 2019 to September 2021 at 32 centers. The analysis was performed on 1640 patients (median age 68 years, 86% male, BMI) 26.8). In 35.2% of cases, HCC was discovered during screening. 40.2% of the cases presented a nodule, the rest were multinodular with, overall, 29.3% having a nodule >50mm. 10.7% of the patients were metastatic with one or more pulmonary metastases in 46% of the cases. A liver biopsy was performed in 46.3% of cases. Patients had cirrhosis (F4) in 71% of cases, portal hypertension in 39% and esophageal varices (≥ 2) in 28%. Liver function was quite good (Child A 78%). Patients had good general condition: WHO 0 or 1 in respectively 65% and 29% of cases. The etiologies were by order of importance: 58.5% alcoholic, 39% metabolic, 23.3% viral and 3.9% Hemochromatosis with presence of co-morbidity : Alcohol not weaned (85%), BMI≥25 (64.5%), HTA (55.1%) and Diabetes (42.7%). HCC was in the Milan criteria in 32.9%, with a median AFP of 39 ng/mL, a median ALBI score of -2.4 [-2.7; -1.9] and in 8.3% of cases presence of portal thrombosis. The distribution of BCLC stages 0, A, B, C and D was 6.1%, 29.8%, 28.8%, 32.1% and 3.2%, respectively. The median follow-up was 17.76 months with 29.1% of deaths. Overall survival at 6 months, 1 year and 18 months was 84.9%, 76.7% and 69.3%. First-line treatment access was 40.5% for curative, 36.2% for locoregional**, 19.2% for systemic, and 4% for palliative (44.4%, 42.2%, 40.9%, 9.1% when at least one treatment was applied, respectively). The 1-year survival rates for BCLC stages 0, A, B, C, and D were 95.6%, 89.7%, 81.7%, 54.9%, and 40%, (p<0.0001). No difference in survival was found according to etiology. The 1-year survival rates for curative, locoregional** and systemic treatments were 92.9%, 82.2% and 57.8% (p<0.0001). The results obtained are comparable to those of other French and foreign cohorts (CHANG 2008-2009, SNDS 2015-2017, international USA 2015, Europe 2015, China 2015) with methodological limitations inherent to each study.

Conclusion : Data from the CHIEF cohort show a good overall survival at 1 year for all BCLC stages and for all treatments applied, with greater access to curative therapies (1st intention applied >40%). Given the pessimistic epidemiological evolution of HCC in France (metabolic etiology becoming the 2nd cause), organized HCC screening is associated with a better prognosis.

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****** SIRT, TACE, Radiofrequency, and radiotherapy











