Colchicine Delays HCC in Hepatitis-Related Cirrhosis

BY MARY ANN MOON
Contributing Writer

Colchicine therapy prevents or delays the development of hepatocellular carcinoma in patients who have cirrhosis related to viral hepatitis, reported Dr. Oscar Arrieta of the National Cancer Institute, Mexico City, and his associates.

Until now, no treatment had been found effective in preventing hepatocellular carcinoma (HCC) from developing in patients with cirrhosis of any etiology.

The alkaloid and antimitotic agent colchicine has shown mixed effects on the progression of fibrosis, ascites, esophageal varices, portal vein pressure, functional status, and mortality in cirrhosis patients, but no studies had assessed its effect against HCC, the investigators said.

They evaluated colchicine in a retrospective cohort study involving 186 patients with hepatitis virus–related cirrhosis who were treated between 1980 and 2000 and who were followed every 3-6 months for a minimum of 3 years. A total of 116 of these subjects (62%) received 1 mg colchicine 5 days per week for a mean of 63 months (range 6-168 months). Almost all of these subjects (96%) were treated for at least 1 year. None discontinued the drug because of adverse effects.

Of the subjects who took colchicine, 9% developed HCC compared with 29% of the subjects who did not take the drug, a significant difference, Dr. Arrieta and his associates said (Cancer 2006 Sept. 11 [Epub doi:10.1002/cncr.22198]).

Moreover, among subjects who did develop HCC, the cancer-free interval was significantly longer in those treated with colchicine (222 months) than in those who did not take the drug (150 months).

The exact oncogenic mechanism of viral-related HCC is not known, but virus-induced inflammation is thought to lead to hepatocyte destruction and liver fibrosis. Colchicine may decrease inflammation and may also have antimitotic properties that reduce cellular proliferation, "thereby interrupting the hyperplasia-dysplasia-metaplasia sequence of HCC and preventing mutations leading to HCC," the researchers said.

In this study, as in previous studies, colchicine showed no direct beneficial effect on the progression of cirrhosis. With colchicine, 9% of patients showed improvement on their Child-Turcotte-Pugh score during follow-up, 35% showed no change, and 56% showed disease progression. The corresponding numbers in the subjects who didn't take colchicine were 2.5%, 37%, and 60%—progression rates that were not significantly different.

The study findings indicate that colchicine prevents or delays the development of HCC independent of factors such as age, platelet count, alpha fetoprotein levels, and transaminase levels. ■

Liver Transplant Successful In Carefully Selected Elderly

BY JEFF EVANS
Senior Writer

BOSTON — Carefully selected liver transplant recipients older than 70 years can have survival rates similar to those of patients in their 50s, Dr. Gerald S. Lipshutz reported at the 2006 World Transplant Congress.

"As the older population continues to grow, more transplant centers will be forced to consider liver transplantation in the elderly," said Dr. Lipshutz of the University of California, Los Angeles.

Previous single-center studies of liver transplant recipients aged 60 years and older have reported 5-year survival rates of 52%-69%. Kaplan-Meier curve estimates have predicted 10-year survival to be about 35% in that population. But no studies so far have looked at the outcomes of septuagenarians after liver transplant, Dr. Lipshutz said.

Dr. Lipshutz compared the outcome of liver transplants performed at his center during 1988-2005 in recipients aged 70-79 years with transplants in those aged 50-59 years. The 62 liver transplant recipients in the older group had a mean age of 72 years while the 864 younger patients had an average age of 54 years.

To be put on the liver transplant wait list, patients had to undergo "aggressive cardiac clearance." If there was any evidence of significant cardiovascular disease, they had to undergo coronary artery catheterization.

Survival rates at 1, 3, 5, and 10 years were higher in the younger group than in the older group, but the difference was never statistically significant. At 1 year, survival rates were about 79% and 73%, respectively, followed by 72% and 66% at 3 years, 65% and 49% at 5 years, and 54% and 40% at 10 years.

A multivariate analysis combining both groups of patients showed that significant risk factors for death were preoperative hospitalization, longer cold ischemia times of the donor liver, a liver disease etiology of hepatitis C virus infection, and alcohol consumption. An age of 70 years or older was not a significant risk factor.

"With appropriate selection and screening, transplants in select septuagenarians may result in long-term survival," Dr. Lipshutz said at the congress, which was sponsored by the American Society of Transplant Surgeons, the American Society of Transplantation, and the Transplantation Society. ■

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