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1: [Liver Transpl.](#) 2006 Mar;12(3):448-56.



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Liver transplantation for gastroenteropancreatic neuroendocrine cancers: Defining selection criteria to improve survival.

[van Vilsteren FG](#), [Baskin-Bey ES](#), [Nagorney DM](#), [Sanderson SO](#), [Kremers WK](#), [Rosen CB](#), [Gores GJ](#), [Hobday TJ](#).

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Liver transplantation for gastroenteropancreatic neuroendocrine cancer (GEP) is controversial. The aim of this study was to assess patient outcomes after liver transplantation for hepatic metastases from GEP. Medical records of patients who underwent liver transplantation for GEP were reviewed. Immunohistochemistry for assessing the Ki67 proliferation index was performed on explanted liver tissue. Nineteen patients who underwent liver transplantation had a mean follow-up of 22 months with a range of 0 to 84 months. There was 1 intraoperative death, and 3 patients had disease recurrence after liver transplantation leading to death in 1 patient. Overall estimated 1-year survival for 17 patients included in the treatment protocol (mean follow-up, 15 months) was 87% with an estimated 1-year recurrence-free rate (conditional on survival) of 77%. Three of 11 patients with pancreatic islet cell GEP developed disease recurrence, whereas all 8 patients with carcinoid GEP remain free of disease. Analysis of the Ki67 proliferation index in 18 patients did not differentiate those with recurrence from those without disease recurrence. In conclusion, liver transplantation for patients with hepatic metastases from GEP is a viable therapeutic option in highly selected patients. Copyright 2006 AASLD

PMID: 16498656 [PubMed - in process]

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