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<b>Título</b>	CELL SAVER USAGE IS NOT RELATED TO WORSENERD PROGNOSIS IN LIVER TRASPLANTION FOR HEPATOCELLULAR CARCINOMA
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# **CELL SAVER USAGE IS NOT RELATED TO WORSENERD PROGNOSIS IN LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA**

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## **ABSTRACT**

**Background:** Intraoperative cell salvage with autologous blood transfusion (IBS) is an established practice in operations encompassing a high risk of bleeding. However there is still concern about the potential of this practice in oncological procedures, including liver transplantation (LT) for hepatocellular carcinoma (HCC). This study aimed to evaluate Cell Saver usage as a prognostic factor in LT.

**Methods:** Single center analysis of all patients undergoing LT for HCC between October 2001 and October 2018. Primary endpoint was overall post-LT mortality Secondary endpoint was disease free survival.

**Results:** Of all 163 who underwent LT for HCC in the study period, 157 patients had complete demographical and clinical data, being included in this study. Ninety six of those (61.1%) were males; the mean age was  $59.2 \pm 7.6$  years. The overall 1-year, 3-year, 5-year and 7-year survival for the IBS group was 84.2%, 76.3%, 67.7% and 56.8% vs 85.3%, 71.5%, 67.5% and 67.5% for the non-IBS group ( $p=0.77$ ). The 1-year, 3-year, 5-year and 7-year disease-free survival for the IBS group was 81.6%, 71%, 66.5% and 55.4% vs 85.3%, 64.1%, 64.1% and 64.1% ( $p=0.74$ )

**Conclusion:** The IBS does not seem to be associated either to patient survival or to HCC recurrence after LT.