

## BEST ABSTRACTS – SESSION 1

### **Long-term outcome of liver transplantation for neuroendocrine tumour non-resectable liver metastases: a Belgian retrospective multi-centre study**

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Liver transplantation (LT) is the only curative treatment for non-resectable liver metastases from neuroendocrine tumours (NET-Liver-mets). The adoption of strict indication criteria improves long-term survival. We retrospectively reviewed the medical records of all of patients who underwent LT by NET-mets at the six LT centres in Belgium from 1986 to 2020. Patient and tumour characteristics, indication for transplantation and surgical techniques, long-term survival of the patient, and tumour recurrence rate were analysed to identify prognostic factors to improve our guidelines. Forty patients underwent a LT for NET-Liver-mets in Belgium. Most patients were male (74.2%) with a mean age of 41.9 and 47.1 years at the time of NET diagnosis and liver transplantation, respectively. The location of the primary tumour was mainly the pancreas in 57.5%, followed by the small intestine in 25% of the cases, and in 84% of the patients the primary tumour was resected before LT. The post-LT overall patient survival rate at 1, 5, and 10 years are: 84,3%, 65,0% and 54,6% respectively, while the overall disease-free survival are 76,3%, 44,5% and 38.2 in the same intervals. However, the survival rate of transplant patients after 2010 at 1, 5 and 10 years is 84.2%, 74.8 and 74.8% compared to 85%, 60.0% and 49, 5% of transplanted patients before 2010. These findings suggest an improvement in the long-

term survival rate for patients undergoing LT after 2010. In conclusion, our study shows that LT is a valid treatment for non-resectable liver metastasis from neuroendocrine tumours.