

# Aspirin improves liver function after embolization of hepatocellular carcinoma

31 July 2019

**TABLE 3: Laboratory Values Before and After Embolization of Hepatocellular Carcinoma Among Patients Taking and Not Taking Aspirin**

Time After Initial Embolization (d)	No Aspirin			Aspirin		
	Mean	SD	No.	Mean	SD	No.
<b>Bilirubin (mg/dL)</b>						
Before	0.94	0.57	262	0.77	0.65	42
1	1.22	0.88	262	0.87	0.39	42
30	1.19	0.96	255	0.94	0.69	42
120	1.1	1.01	233	0.83	0.56	41
365	1.02	0.76	172	0.75	0.56	35
<b>Albumin (g/dL)</b>						
Before	3.9	0.47	262	4.03	0.39	42
1	3.66	0.45	262	3.76	0.36	42
30	3.54	0.52	255	3.71	0.34	42
120	3.7	0.50	233	3.93	0.44	41
365	3.76	0.52	172	3.91	0.45	35
<b>International normalized ratio<sup>a</sup></b>						
Before	1.13	0.13	242	1.09	0.12	33
1	1.17	0.15	242	1.14	0.15	33
30	1.21	0.18	235	1.15	0.16	33
120	1.17	0.19	214	1.12	0.14	32
365	1.13	0.14	159	1.13	0.13	27
<b>Aspartate transaminase (U/L)</b>						
Before	72	57	262	53	32	42
1	386	610	262	287	562	42
30	115	161	255	75	73	42
120	94	147	233	72	78	41
365	76	111	172	64	46	35
<b>Alanine transaminase (U/L)</b>						
Before	62	49	262	50	31	42
1	254	423	262	192	336	42
30	112	161	255	82	77	42
120	79	119	233	66	68	41
365	61	71	172	59	41	35

Note—All patients had laboratory values before and 1 day after embolization.  
<sup>a</sup>Includes only patients not undergoing anticoagulation.

Laboratory Values Before and After Embolization of HCC Among Patients Taking and Not Taking Aspirin Note--All patients had laboratory values before and 1 day after embolization. a Includes only patients not undergoing anticoagulation. Credit: *American Journal of Roentgenology (AJR)*

Aspirin therapy is associated with both improved liver function test results and survival after transarterial embolization (TAE) for hepatocellular carcinoma (HCC), according to an ahead-of-print article published in the September 2019 issue of the *American Journal of Roentgenology (AJR)*.

In a [retrospective review](#) of 304 patients led by F. Edward Boas at Memorial Sloan Kettering Cancer Center in New York City, among the 42 patients taking aspirin at the time of initial TAE for HCC, bilirubin level evidenced lower 1 day (0.9 vs 1.3, p

"Although the differences in liver function test results in the groups taking and not taking aspirin were small," wrote Boas, "standard biochemical liver function tests are insensitive to early cirrhotic changes."

Clarifying further, Boas noted, "[small changes](#) in biochemical liver function test results might underestimate the degree of liver injury after embolization."

Whereas aspirin use indicated no disparity in initial response rate (88% vs 90% complete response or partial response, p = 0.59), median time to progression (6.2 vs 5.2 months, p = 0.42), initial site of progression (p = 0.77), or fraction of patients dying with disease progression (88% vs 89%, p = 1.00), the median overall survival period after TAE for HCC measured longer for the cohort taking aspirin (57 vs 23 months, p = 0.008).

Despite comparable liver function, American Joint Committee on Cancer stage, comorbidities, and other clinical characteristics before embolization in both groups, because his study was retrospective, Boas acknowledged that a confounding variable may account for the improved survival among patients taking aspirin.

**More information:** F. Edward Boas et al, Aspirin Is Associated With Improved Liver Function After Embolization of Hepatocellular Carcinoma, *American Journal of Roentgenology* (2019). [DOI: 10.2214/AJR.18.20846](https://doi.org/10.2214/AJR.18.20846)

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