Reply to the Letter regarding “Treatment options for solitary hepatocellular carcinoma ≤5 cm: Surgery vs Ablation: A multicenter retrospective study”

Kazuhiro Nouso (Prof. ORCID ID: 0000-0002-2018-0008, kazunouso@gmail.com), Kazuya Kariyama (Deputy Hospital Director, ORCID ID: 0000-0003-3996-7502, kariyama777@gmail.com)

Department of Gastroenterology, Okayama City Hospital, 3-20-1, Kitanagase-Omotemachi, Kita-ku, Okayama 700-8557 Japan

Running Title: Liver resection vs. ablation for solitary HCC ≤5cm

Keywords: Hepatocellular carcinoma, Ablation, Surgery

Corresponding Author: Kazuhiro Nouso M.D., Ph.D.
Department of Gastroenterology and Liver Disease Center, Okayama City Hospital
3-20-1 Kitanagase-Omotemachi, Kita-ku, Okayama 700-8557 Japan
Phone: 81-86-737-3000
Fax: 81-86-737-3019
Email: kazunouso@gmail.com

Received Dec 19, 2023 Accepted Jan 02, 2024
Reply

In our recent retrospective study, we investigated the efficacy of ablation therapy in treating solitary hepatocellular carcinoma (HCC) with a diameter of ≤5 cm. Our findings suggest that ablation can be a viable alternative to surgery, particularly for cases where the HCC is no larger than 3 cm. When comparing the outcomes for HCCs measuring 3–5 cm, overall survival (OS) did not differ significantly between ablation and surgery. However, surgery demonstrated superior recurrence-free survival compared to ablation in this specific size range.

Dr. Kim, in a recent letter to the editor, emphasized the necessity for a well-designed randomized controlled study to comprehensively assess the effectiveness of ablation and surgery in treating solitary HCC of various sizes. Acknowledging the multitude of factors influencing treatment effectiveness, Dr. Kim pointed out the limitations of existing randomized controlled trials (RCTs) in providing detailed insights into the efficacy within specific populations.

We share Dr. Kim's perspective, particularly regarding the importance of an RCT focusing on the effectiveness of surgery and ablation for solitary HCC measuring 3–5 cm. While subgroup analyses of existing RCTs within Millan criteria did not reveal significant differences in overall survival or progression-free survival for solitary HCC measuring 3–5 cm\(^1\), this information falls short in guiding precise treatment selection in specific scenarios. An in-depth analysis considering factors such as age, patient comorbidity, and tumor location is crucial.

A forthcoming large-scale RCT, with a specific focus on solitary HCC measuring 3–5 cm, should incorporate subgroup analyses that explore factors influencing treatment selection. Such analyses would provide valuable insights into optimal treatment choices based on individual patient backgrounds. Despite the need for further research, our study results suggest that clinicians, by considering patient backgrounds, have been adept at selecting appropriate treatments, as evidenced by the absence of significant differences in overall survival between ablation and surgery in our study.

Kazuhiro Nouso, Kazuya Kariyama
Conflict of Interest
None

Ethics Statement
Not applicable

Funding Statement
None

Data Availability
Not applicable

ORCID
Kazuhiro Nouso  https://orcid.org/0000-0002-2018-0008
Kazuya Kariyama  https://orcid.org/0000-0003-3996-7502

Author Contribution
Writing – original draft: KN
Writing – review & editing: KN, KK

Reference