

Letter to the Editor

Sorafenib combined with percutaneous radiofrequency ablation for the treatment of medium-sized hepatocellular carcinoma

Dear Editor,

We read with great interest the article by Kan X regarding the use of Sorafenib in combination with radiofrequency ablation (RFA) for the treatment of hepatocellular carcinoma (HCC)¹.

They reported data on 62 patients with medium-sized HCC, randomized to combination therapy (RFA plus Sorafenib) versus RFA alone. Thirty patients were treated with combination therapy and 32 with RFA alone.

The clinical characteristics described a prevalence of male patients, most with a good performance status (0-1) and BCLC stage and Child B in more of 50% of patients.

The results obtained are interesting especially in the treatment of combination therapy with a median time to progression of 17.0 months versus 6.1 months in the RFA group. It is clear that the group treated with combination therapy had more adverse events and related to the administration of Sorafenib.

Regarding the clinical characteristics described, we are surprised that the median age was 53.2 years and no elderly patients were enrolled/treated into the study.

Another considerations regards the surgery approach that has not been considered/reported, not even in the responder patients.

In fact, it is well noted that the surgery approach is able to improve significantly the survival in HCC patients, also in the so called disadvantages patients, i.e. elderly and HIV-positive²⁻⁵.

Moreover, the use of "conversion" therapy, as RFA and/or transarterial chemoembolization (TACE), is able to give back resectable patients initially unresectable and sometimes to offer a chance for liver transplantation⁶⁻⁸.

Regarding the serum markers, it is important and well known, the role of high levels of AFP as prognostic factors in HCC disease, while concerning the role of high levels of VEGF it could be interesting to know if only VEGF is an independent prognostic factor in patients affected by HCC.

The analyses of AFP and VEGF at the same time, in our opinion, could be a confounding factor.

The authors concluded that the results obtained are encouraging and we suggest this kind of approach in disadvantages patients (HIV positive and elderly), considering the safe profile and good results.

We think that in this complex oncologic scenario, the combination therapy and multidisciplinary approach represents the goal to obtain efficacy response with good safety, especially in well selected patients⁹⁻¹⁰.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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