



## Invited Commentary

## Commentary on "The risk factors for long-term survival outcome in solitary hepatocellular carcinoma up to 2 cm: Propensity score matching analysis in a population cohort with a high rate of HBV infection"

## ARTICLE INFO

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Quality of life  
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A discussion on the risk factors of long-term survival outcomes in solitary hepatocellular carcinoma (HCC) up to 2 cm was presented by Wang et al. in this issue of International Journal of Surgery [1]. Although there was no significant difference in overall survival (OS) or disease free survival (DFS) between liver resection (LR) and radiofrequency ablation (RFA) after propensity score matching (PSM), the study concluded that RFA, in comparison to LR, was a risk factor of recurrence before PSM analysis, but not when patients' characteristics in the two sample were balanced. In addition, one of the highlights of the study was that the only significant risk factor of OS after PSM analysis was Child-Pugh stage B liver function.

According to the latest guidelines from the BCLC Classification [2], end-stage liver function includes Child-Pugh B and C. Supportive care is recommended to be provided to these patients to improve quality of life. It was demonstrated in the study by Wang et al. that Child-Pugh B patients lived longer than 3 months. However, quality of life should be measured using tools such as the International Classification of Functioning, Disability and Health (ICF) [3] or short-form-36 (SF-36) [4], because regardless of the treatment performed, the quality of life provided to the patient is a very important topic to discuss.

The results presented by Wang et al. were obtained using the PSM/ Cox regression analysis rather than real-life data: this can potentially subject the study to selection bias. The results seem to be insufficient to make solid conclusions on the risk factors for patients with solitary

hepatocellular carcinoma up to 2 cm.

As the author stated, the major cause of hepatocellular carcinoma in the sample of the selected population was HBV infection, which can differ on the livers managed in Non-Alcoholic Steatohepatitis (NASH) or alcoholic hepatitis [5]. This reinforces the need for further studies to understand the outcomes of T1a class tumors. Further randomized controlled trials focusing on the very early-stage HCC patients with diverse backgrounds of populations should be conducted in order to conclude which treatment can bring more benefits to patients: RFA or LR?

**Provenance and peer review**

Invited Commentary, internally reviewed.

**Declaration of competing interest**

We have no conflict of interest to declare.

**References**

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