

 LIVER CANCER

Treatment choice — size matters

Many patients with hepatocellular carcinoma (HCC) are not eligible for surgery owing to tumour number and/or location, or comorbidities. Radiofrequency ablation (RFA) and stereotactic body radiotherapy (SBRT) are two of the treatment options available for these patients, and both are generally associated with positive outcomes. Now, a study led by Mary Feng has compared the efficacy of both approaches as nonsurgical treatment options for patients with HCC.

Feng and colleagues retrospectively analysed the outcomes of 161 patients treated with RFA and 63 patients who had undergone SBRT. Any imbalances between the two groups were corrected using inverse probability of treatment weighting.

The overall survival rates were similar in both groups: 70% versus 74% for RFA and SBRT at 1 year, and 53% versus 46%, respectively, at 2 years. Similar freedom from local progression (FFLP) rates were observed over time for tumours

<2 cm (maximum diameter), but better FFLP rates were observed for tumours >2 cm that had been treated with SBRT ($n = 43$) compared with those treated using RFA ($n = 112$). The incidence of acute adverse events was low for both groups: 11% for RFA compared with 5% for SBRT. The relative performance of SBRT compared with RFA improves as tumour-size increases, therefore, SBRT should be the preferred treatment for tumours >2 cm.

These results need to be confirmed and, for that reason, Feng explains “we are currently in the process of opening a randomized trial in which patients with HCC will be treated with either RFA or SBRT to determine whether SBRT truly provides improved outcomes compared with RFA for larger tumours.”

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ORIGINAL ARTICLE Wahl, D. R. et al. Outcomes after stereotactic body radiotherapy or radiofrequency ablation for hepatocellular carcinoma. *J. Clin. Oncol.* doi:10.1200/JCO.2015.61.4925