



Letters to the editor

Surgical resection versus transcatheter arterial chemoembolization for large hepatocellular carcinoma: a deeper insight



Dear Editor,

We have read a fascinating article published in your esteemed journal titled 'Comparison of surgical resection and transcatheter arterial chemoembolization for large hepatocellular carcinoma: a systematic review and meta-analysis' authored by Luke Zhou *et al.* [1]. This paper makes a valuable advancement to the field of hepatology as it draws a pertinent comparison between two very important therapeutic options for large hepatocellular carcinoma. We were very fortunate to come across such a well-thought-out paper and would like to congratulate the authors for their ingenious efforts. We also acknowledge the conclusion that patients undergoing surgical resection (SR) had a better overall outcome than those undergoing transcatheter arterial chemoembolization (TACE). However, based on our appraisal of the article, we would like to draw attention to certain key points.

To begin with, it should be noted that not all the studies included in the review were in line with the inclusion criteria instituted by the authors. For example, a quick perusal of Table 1 of the research paper revealed that of the fourteen studies included, two provided no information on tumor size, three had no information on the age of the participants, two studies involved the use of additional liver partition and portal vein ligation for staged hepatectomy (ALPPS) and one study with an unknown study period was included. The absence of study characteristic data in these cases may lead to potential confirmation bias should the data not err on the side of the set inclusion criteria. Moreover, the lack of information on the study duration of one of the included studies makes it difficult to reliably ascertain the primary outcome of the article *i.e.* 1-, 3- and 5-year overall survival (OS) thereby meeting one of the exclusion criteria. Secondly, all the included studies were retrospective in nature which carries with it an intrinsic set of biases like recall and selection bias to name a few. Finally, the findings of the study are rather non-reproducible to the general population of patients suffering from large hepatocellular carcinoma due to the lack of ethnic diversity of the included studies.

In conclusion, while we commend the authors' efforts in collating a systematic review and performing a meta-analysis on a very apt

clinical conundrum, prospective studies and randomized controlled trials with greater racial diversity that conform to inclusion criteria must be sought for future such studies.

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Declaration of interests

None.

Reference

- [1] Zhou L, Zhang M, Chen S. Comparison of surgical resection and transcatheter arterial chemoembolization for large hepatocellular carcinoma: a systematic review and meta-analysis. *Ann Hepatol* 2022 Dec 24:100890. <https://doi.org/10.1016/j.aohep.2022.100890>.

Aimen Waqar Khan*

Department of Medicine, Jinnah Sindh Medical University, Karachi, Pakistan

Sarah Waqar Khan

Dow University of Health Sciences, Karachi, Pakistan

*Corresponding author.

E-mail address: aimen.khan13@gmail.com (A.W. Khan).