



Commentary

A commentary on “The prognosis of radiofrequency ablation versus hepatic resection for patients with colorectal liver metastases: A systematic review and meta-analysis based on 22 studies” [Int. J. Surg. 87 (2021) 105896] [☆]

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Dear Editor,

Colorectal cancer (CRC) is the most frequent digestive cancer, representing an important cause of morbidity and mortality worldwide [1]. Up to 60% of patients have colorectal liver metastases (CRLM), and only 10–25% of these patients can be resected at initial diagnosis. Although hepatic resection is the golden standard in treating CRLM, new less invasive techniques, such as radiofrequency ablation (RFA), have been used for patients with unresectable hepatic tumors. Yang et al. [2] performed a meta-analysis to compare RFA with surgical resection to find out which is the better treatment option. Of 22 studies which included 4385 CRLM patients, RFA showed a higher recurrence rate and poorer long-term survival outcomes.

Recommendations of treatment using RFA in Asia, North America and Europe are slightly different, but RFA is appropriate for: (1) less than 5 CRLM lesions; (2) hepatic masses of less than 3 cm in diameter to allow complete ablation; (3) tumor locations and their relations with surrounding tissues are known before the procedure; (4) absence of general contraindications for RFA, including intrahepatic bile duct dilatation, coagulopathies, and previous bilioenteric anastomoses [3–5]. On evaluating the effectiveness of hepatic resection with RFA for CRLM, the odds for cure are in favor of surgical resection due to the higher hepatic recurrence rate with incomplete ablation with RFA. However, RFA can be considered as an adjunct or palliative procedure for unresectable CRLM as it is a less invasive procedure. When RFA is used in patients with unresectable CRLM, combining chemotherapy with hepatic resection and RFA may be shown to be successful. The therapeutic strategy of using chemotherapy first can lead to tumor-downstaging. When followed by liver resection and/or RFA, patients can have higher survival and lower recurrence rates. Improvement in techniques of RFA and in other technical developments are needed to improve survival outcomes and quality of life for patients with advanced colorectal cancer.

Ethical approval

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Author contribution

Song Yang: data analysis and writing.
Xiangyi Li: study design.

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None.

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Guarantor

Xiangyi Li.

Declaration of competing interest

The authors declare that they have no known competing interests or personal relationships that could have appeared to influence the work reported in this paper.

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