Dual-Modality Liver-Directed Therapy for Primary Liver Cancer

Charles R. Thomas Jr, MD

Hepatocellular carcinoma (HCC) is one of the most common solid tumors worldwide and continues to be a major public health problem. While there are level I data supporting the use of small-molecule, tyrosine kinase inhibitors against the pathways involved in angiogenesis and tumor proliferation for locally advanced or metastatic HCC, the incorporation of different liver-directed therapeutic agents continues to evolve.1 The goals of HCC treatment include a spectrum from pure palliation to serving as a bridge-to-liver transplant. The intersection of interventional radiology and radiation oncology is part of the multidisciplinary approach to primary liver cancer.2 In this issue of JAMA Oncology, Huo and Eslick3 report on a systematic review and meta-analysis comparing single-modality transcatheter arterial chemoembolization (TACE) with dual-modality TACE plus radiotherapy, with the latter approach being superior. This study would have been strengthened if recently standardized imaging guidelines of HCC, the Liver Imaging Reporting and Data System (LI-RADS) had been followed.4 This study does not tell us whether radiofrequency ablation, often used as a consolidative liver-directed approach, is equal to consolidative radiotherapy, nor does it define the impact of other predictive and prognostic factors, such as initial BCLC (Barcelona Clinic Liver Cancer) stage.5

Editor’s Note

Conflict of Interest Disclosures: None reported.


Related article page 756