



Comparison of no-touch multi-bipolar vs. monopolar radiofrequency ablation for small HCC.

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BACKGROUND & AIMS: The primary aim of this study was to compare the rate of global radiofrequency ablation (RFA) failure between monopolar RFA (MonoRFA) vs. no-touch multi-bipolar RFA (NTmbpRFA) for small hepatocellular carcinoma (HCC) ≤ 5 cm in cirrhotic patients.

METHODS: A total of 362 cirrhotic patients were included retrospectively across four French centres (181 per treatment group). Global RFA failure (primary RFA failure or local tumour progression) was analysed using the Kaplan-Meier method after coarsened exact matching. Cox regression models were used to identify factors associated with global RFA failure and overall survival (OS).

RESULTS: Patients were well matched according to tumour size (≤ 30 / >30 mm); tumour number (one/several); tumour location (subcapsular and near large vessel); serum AFP (<10 ; 10-100; >100 ng/ml); Child-Pugh score (A/B) and platelet count (30mm and HCC near large vessel were independent factors associated with global RFA failure. Five-year OS was 37.2% following MonoRFA vs. 46.4% following NTmbpRFA $p=0.378$.

CONCLUSIONS: This large multicentre case-matched study showed that NTmbpRFA provided better primary RFA success and sustained local tumour response without increasing severe complications rates, for HCC ≤ 5 cm.

LAY SUMMARY: Using no-touch multi-bipolar radiofrequency ablation for hepatocellular carcinoma ≤ 5 cm provide a better sustained local tumour control compared to monopolar radiofrequency ablation.

Résumé en anglais

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Liens

- [1] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=34376>
- [2] <http://okina.univ-angers.fr/ch.aube/publications>
- [3] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=34377>
- [4] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=31106>
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- [28] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=7829>
- [29] <http://okina.univ-angers.fr/publications/ua18936>
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- [31] <http://www.ncbi.nlm.nih.gov/pubmed/27422750?dopt=Abstract>

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