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Letter to the Editor

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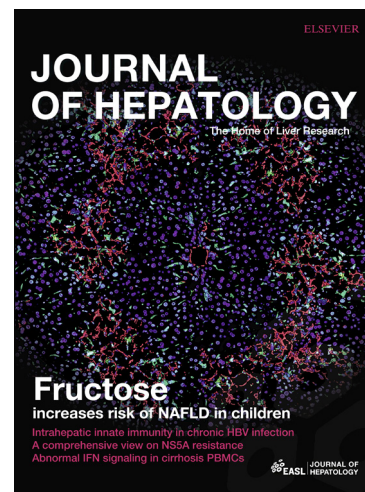
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Validation of response to yttrium-90 radioembolization for hepatocellular carcinoma with portal vein invasion

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To the Editor

We read with interest the study from Spreafico and colleagues recently published in Journal of Hepatology [1]. In this study, Authors retrospectively evaluated predictors of outcome in 120 patients with hepatocellular carcinoma (HCC) and portal vein tumour thrombosis (PVTT) treated with trans-arterial radio-embolization (TARE) over 5 years. Bilirubin level, extension of PVTT and tumour burden were significant predictors of post-treatment survival. The combination of these factors allowed a prognostic stratification that Authors claimed may help to better identify good candidates as well as poor candidates for this high-cost treatment [2]. Thus, the topic is clinically relevant.

The present study has one immediate limitation, that it lacks of a validation group. Furthermore, the device used in the work from Spreafico is solely represented by glass microspheres (TheraSphere®) and it would be of interest to investigate whether this proposed stratification can also be applied to resin microspheres (SIR-Spheres®). To accomplish these tasks we have briefly reviewed our experience on this topic. From a prospectively collected database we selected 69 HCC patients with PVTT treated with SIR-spheres TARE between September 2005 and October 2015 at our tertiary referral hospital. Details on the

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