Background and Aims: Whether patients with hepatocellular carcinoma (HCC) and with Child–Pugh score 5 (A5) and 6 (A6) have different prognoses is not fully elucidated. We aimed to compare the outcomes between A5 and A6 in HCC patients.

Methods: We enrolled 2462 consecutive treatment-naïve HCC patients from 2007 to 2012. Among them, 1486 patients had Child–Pugh grade A, including 1016 were A5 and 470 were A6, respectively. Factors in terms of overall survival were analyzed by multivariate analysis.

Results: Compared to those in the A6 group, patients in A5 group were younger, more male and hepatitis B virus infection, higher proportions of tumor within the Milan criteria, and higher rates of curative therapies (65.2% vs. 40.9%). After a median follow-up of 18.6 months, 397 patients died. The cumulative survival rates at 5 years were 51.3% and 37.1% for patients with A5 and A6, respectively (p < 0.001). Multivariate analysis disclosed that hepatitis C virus carrier, serum albumin < 4g/dL, aspartate aminotransferase > 45 U/L, α-fetoprotein > 20ng/mL, multinodularity, tumor size > 3cm, vascular invasion and non-curative therapies were the independent risk factors associated with poor overall survival, but not Child–Pugh score. The Child–Pugh score had significant prognostic effect only in patients who had tumor beyond the Milan criteria and received non-curative therapies.

Conclusions: HCC patients with Child–Pugh score A5 had better overall survival than those with A6. However, tumor factors and treatment modalities were more important than Child–Pugh score in Child–Pugh grade A patients.

Background and Aims: Liver resection or radiofrequency ablation (RFA) are accepted as effective treatments for small hepatocellular carcinoma (HCC). The purpose of this study was to evaluate the long-term results of RFA compared to left lateral sectionectomy (LLS) in patients with Child–Pugh class A disease for the treatment of single and small HCC in the left lateral segment.

Methods: We reviewed the data of 133 patients with single HCC (≤3 cm) in left lateral segments who underwent curative LLS (n=66) or RFA (n=67) between 2006 and 2010.

Results: The median follow-up period was 33.5 months in the LLS group and 29 months in the RFA group (P=0.060). Most patients had hepatitis B virus-related HCC. The hospital stay was longer in the LLS group than in the RFA group (8 days vs. 2 days; P<0.001). The 1-, 2-, and 3-year disease-free survival and overall survival rates were 80.0%, 68.2%, 60.0% and 95.4%, 92.3%, 92.3% for the LLS group and 80.8%, 59.9%, 39.6% and 98.2%, 92.0%, 74.4% for the RFA group, respectively. The disease-free survival curve and overall survival curve were higher in the LLS group than the RFA group (P=0.012 and P=0.013, respectively). Increased PIVKA-II levels and small tumor size were associated with HCC recurrence in multivariate analysis.

Conclusions: Liver resection is suitable in single HCC ≤3 cm in the left lateral segments after long-term period.

Background and Aims: Many patients with colorectal cancer develop metastases. For not surgical candidates RFA is the most widely used thermal ablation technique. Compared to liver surgery, RFA shows a higher local recurrence rate, due to insufficient coagulation volumes. The latest generation of microwave ablation (MWA) systems are expected to provide a faster and more powerful coagulative tool compared to RFA.

Methods: We have collected data from 14 centres, all using the same 2450MHz system (HS AMICA®). We treated 312 tumors in 245 patients. We presented two lesions, 18 presented three lesions, and 19 presented more than 3 lesions. The mean size was 2.7 cm (1.4–6.8). There were 30% of deep lesions and 70% of superficial; 30% were close to vessels (<5 mm apart).

Results: Complete response (CR) was found in 268 lesions (86% overall). CR rate was 97.5%, 92.5% and 89.5% in lesions less than 2 cm, less than 3 cm and less than 4 cm, respectively. CR rates were not influenced by the nearby vessels, while they were related with the deposited energy. The median follow-up was 12 months. Overall, we had 30 local tumor progressions (LTP) out of 204 lesions treated (13%). Intrarepatic distant recurrence was found in 40% of the patients. LTP rate was 7% and 12% in lesions less than 3 cm and less than 4 cm respectively. Only two major complications occurred.

Conclusions: The new device has obtained a substantial rate of complete necrosis, with limited complication rates.