Comments on “Chemoembolization (TACE) of Unresectable Intrahepatic Cholangiocarcinoma with Slow-Release Doxorubicin-Eluting Beads: Preliminary Results”

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To the Editor:

We have read the above-mentioned article by Aliberti et al. [1] on TACE of unresectable intrahepatic cholangiocarcinoma with doxorubicin-eluting beads (DEB), published in the September–October 2008 issue of *CardioVascular and Interventional Radiology*. The study raises some important issues. First, details regarding tumor vascularity on angiography in all patients were not provided. In our previous report [2], the tumor blush was not identified on angiography in 26% (13/49) of the patients with intrahepatic cholangiocarcinoma. Transcatheter arterial chemoinfusion was performed for these patients because it is not easy to decide whether to perform embolization of the right or left hepatic artery or the segmental artery despite the possible embolization-related complications. We wonder how the authors performed TACE with DEB in such cases.

Second, although the authors showed a significant survival benefit of TACE with DEB compared to the palliative group (systemic chemotherapy plus other palliative care) in the treatment of intrahepatic cholangiocarcinoma, there were no comparative data in terms of baseline patient and tumor characteristics between the two groups. Generally, tumor size and reserved liver functions are important factors for survival period in patients who undergo palliative therapy for hepatic malignancy [2, 3]. Therefore, significant

selection bias might not have been eliminated in their study. In addition, the sample size was too small to compare the survival periods between the two groups using the Kaplan–Meier method and log-rank test. This is certainly a very interesting study, which showed an encouraging survival benefit with TACE in the treatment of intrahepatic cholangiocarcinoma. However, a large, case-controlled study would be required to draw definite conclusions regarding the survival benefit with TACE compared to other palliative therapies in the treatment of intrahepatic cholangiocarcinoma.

References

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