

## Regarding “Yttrium-90 Radioembolization for Unresectable Combined Hepatocellular–Cholangiocarcinoma”

Zhongzhi Jia<sup>1</sup>

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We read with great interest the recent article by Chan et al. [1]. The authors concluded that radioembolization with yttrium-90 microspheres appears to be a promising treatment option for patients with unresectable combined hepatocellular–cholangiocarcinoma, and poor performance status and the presence of macrovascular invasion were identified as predictors of reduced survival after radioembolization. However, we would like to elaborate on the treatments pre- and post-radioembolization of the patients.

Firstly, there were a total of 10 patients included in this study, and many of them had received wide-ranging therapies pre- and post-radioembolization, including chemotherapy, hepatectomy, and TACE. In particular, patients 7 and 10 had chemorefractory hepatocellular–cholangiocarcinoma with macrovascular invasion, and both of them had not received any treatment after radioembolization even though with stable disease, all of which

may bias the results. Secondly, there were a total of 3 patients with macrovascular invasion according to Table 1, but there were 4 patients with macrovascular invasion according to Figure 2B, which causes serious confusion to the readers.

### Compliance with Ethical Standards

**Conflicts of interest** The author declares that he has no competing interests.

### References

1. Chan LS, Sze DY, Poultsides GA, et al. Yttrium-90 radioembolization for unresectable combined hepatocellular–cholangiocarcinoma. *Cardiovasc Intervent Radiol*. 2017. doi:[10.1007/s00270-017-1648-7](https://doi.org/10.1007/s00270-017-1648-7).

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✉ Zhongzhi Jia  
jjiazhongzhi.1998@163.com

<sup>1</sup> Department of Interventional Radiology, No. 2 People's Hospital of Changzhou, Nanjing Medical University, Xing Long Road 29#, Changzhou 213003, China