Letter to the Editor

Reply to the Letter “Microvascular Invasion as a Prognostic Predictor in Hepatocellular Carcinoma: How Accurate Is It?”

Junichi Shindoh

Department of Gastroenterological Surgery, Toranomon Hospital, Tokyo, Japan

We appreciate that Huo et al. had interest in our recent article and their thoughtful comments. In their Letter to the Editor, Huo et al. pointed out the possibility of underestimation of microvascular invasion in our cohorts and claimed that multiple, serially slice-cut resected specimen should be evaluated for detection of microvascular invasion.

Indeed, it is well known that the presence of microvascular invasion is a potent prognostic factor for patients with hepatocellular carcinoma (HCC), and we acknowledge that the reported incidence of microvascular invasion [1–3] tends to be lower than that reported in a study where pathological specimen was meticulously evaluated using multiple serial slices [4]. However, these are the real-world data, and the issue may lie with the lack of standardized methods for pathological evaluation.

The attempt carried out in the present analysis was to seek an alternative method for prognostication of patients with HCC, considering “simplicity,” “reproducibility,” and “applicability,” either of which is required for a staging system for cancer. As an expert panel member of the American Joint Committee on Cancer (AJCC), I am personally seeking a simple and “universally acceptable” staging model for HCC. In this context, the present model could be, even tentatively, an alternate method for future revision of the current version of the AJCC staging system because the outcomes were based on the two large cohorts from East and West.

We totally agree with Huo et al. that accurate information on microvascular invasion is important for adequate prognostication. However, the issues that would need to be resolved in the future include (1) how we can standardize the methodology of pathological examination worldwide; (2) how we can treat medical cohorts that lacks surgical specimen; and (3) how we can use clinical staging systems for adequate treatment selection. Furthermore, it is also important to balance the influence of size of tumor and presence of microvascular invasion in a staging model because the incidence of microvascular invasion increases as the maximum size of tumor increases. Further studies are needed to adequately evaluate/estimate the presence of microvascular invasion for better prognostication of patients with HCC.

Junichi Shindoh
Department of Gastroenterological Surgery
Toranomon Hospital
2-2-2 Toranomon, Minato-ku, Tokyo 105-8470 (Japan)
shindou-tyk@umin.ac.jp

Conflict of Interest Statement

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