

Liver Ablation Wars: RFA Versus MWA Versus CRYO

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Over the past decade, especially radiofrequency ablation (RFA) and microwave ablation (MWA) as well as cryotherapy have evolved into important therapeutic tools for the treatment of both potentially resectable and non-resectable primary and secondary liver tumors. The clinical benefit of thermal ablation is represented in several clinical studies and nowadays the techniques are widely adopted in international guidelines for the radical treatment of relatively small lesions.

These reports underline the safety, feasibility and efficacy of this new and modern concept in treating liver tumors. Ablation has proven its clinical impact in hepatocellular carcinoma and replaced surgery for the majority of patients with very-early and early stage disease with nowadays even higher evidence grades compared to surgery.

With the continuous technological development in the ablative technologies both in terms of the efficiency of the ablation as well the use of multiple probes, the capabilities of the each of the ablative therapies has improved tremendously. Thus the data available is outdated in some ways. These ablative therapies must also be considered in the context of the use and advancements of other synergistic treatments, e.g. surgical resection, chemoembolization (TACE, TAE) as well as radioembolization which potentiate the effectiveness of thermal ablation. The adoption of thermal ablation for colorectal liver metastases has also shown that 8-year progression free survival 2.0% versus 22.3%, for the chemotherapy alone versus the RFA plus chemotherapy group.

Thus question should not be which monotherapy is the best i.e. "one or the other" but rather to personalize the treatment modalities taking into consideration disease stage, affordability as well as availability of technologies