Surgical approach to microwave and radiofrequency liver ablation for hepatocellular carcinoma and colorectal liver metastases less than 5 cm: a systematic review and meta-analysis

Appendix 1

There are 4 notes in this document.

Note 1 is on page 2.

Note 2 is on page 3.

Note 3 is on page 9.

Note 4 in on page 11.

Note 1:

The original PICO questions were:

- Should Percutaneous vs. Laparoscopic MWA be used for HCC less than 3 cm? Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS
- Should Percutaneous vs. Laparoscopic MWA be used for HCC from 3-5cm? Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS
- Should Percutaneous vs. Laparoscopic MWA be used for CRLM less than 3 cm? Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS
- Should Percutaneous vs. Laparoscopic MWA be used for CRLM from 3-5cm? Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS
- 5. Should **MWA ablation (laparoscopic or open)** vs. **RFA ablation (laparoscopic or open)** be used for HCC or CRLM less than 3 cm

Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS

6. Should **MWA ablation (laparoscopic or open)** vs. **RFA ablation (laparoscopic or open)** be used for HCC or CRLM less than 3-5cm?

Main outcome(s) Incomplete Ablation, Local/Regional Recurrence, Complications Proxy outcomes DFS, OS Note 2:

Liver Ablation Literature Search Summary Chart

Literature search chart – Updated 2/19/22 – Final

Guideline: SAGES/AHPBA Joint ablation of liver lesions guideline Committee Chairs: Dr. Ceppa and Dr. Haggerty / Liaison: Dr. Ayloo Librarian: Holly Ann Burt

PICO Questions				
1.	Should Percutaneou	us vs. Laparoscopic MWA be used for HCC less than 3 cm?		
2.	Should Percutaneou	us vs. Laparoscopic MWA be used for HCC from 3-5cm?		
3.	Should Percutaneou	us vs. Laparoscopic MWA be used for CRLM less than 3 cm?		
4.	4. Should Percutaneous vs. Laparoscopic MWA be used for CRLM from 3-5cm?			
5.	5. Should MWA ablation (laparoscopic or open) vs. RFA ablation (laparoscopic or open) be used			
for HCC or CRLM less than 3 cm?				
6. Should MWA ablation (laparoscopic or open) vs. RFA ablation (laparoscopic or open) be us				
	for HCC or CRLM less than 3-5cm?			
Main o	outcome(s)	Incomplete Ablation, Local/Regional/Distant Recurrence Complications		
Proxy outcomes		DFS, OS		

Run Date: 12/24/19 and 6/22/21 Search run by: Holly Ann Burt				
Additional terms (See	individual PICO questions for main search t	erms):		
Languages: English Species: Not Animals Publication years: All Data	Additional Limiters: Case reports Clinical Study Comparative Study Epidemiologic studies Evaluation Study Meta-Analysis Multicenter Study base searched (Coverage)	Practice Guideline OR practice guidelines as topic Systematic Review Validation Study Analysis Guideline OR guidelines Randomized study OR studies Additional databases used		
Systematic Reviews _X Cochrane Library 2020) Clinical Trials_ _X Clinicaltrials.gov (2020)	X Embase (1947-2020) X PubMed (1809/1966-2020)	_X ICTRP (International Clinical Trials Registry Platform) _X Google Scholar		
SEARCH Total items identified by database search RESULTS Trials identified in database searches Additional articles located by handsearching (57 from combined database search		nes om trials / 65 during	3973 171 122	
Total dup	plicates found (questions were combined in	to a single database)	2858	

	Total items to be screen	1066	
1	Should Percutaneous vs. Laparoscopic MWA be used for HCC less than 3 cm?		
2	Should Percutaneous vs. Laparoscopic MWA be used for HCC from 3-5cm?		
	Concept A	Concept B	Concept C
MESH terms	Microwaves Microwave thermotherapy (Embase)	Carcinoma, hepatocellular	
Text words	MWA Microwave ablation	HCC Hepatocellular cancer liver cell carcinoma	Percutaneous
Database	Final search strategies		Results
PubMed	(microwaves[mh] OR MWA[tiab] OR M AND ("carcinoma, hepatocellular"[mh] cancer") AND (case reports[ptyp] OR Cl Study[ptyp] OR Evaluation Study[ptyp] Multicenter Study[ptyp] OR Systematic Study[ptyp] OR randomized[tiab] OR st (rat[tiab] OR rats[tiab] OR "animals"[M		
	English[lang]	150	
CINAHL Q1-2 2019	("Microwave ablation" OR MWA) AND Carcinoma" OR HCC OR "Hepatocellula	67	
Embase Q1-2 2019	(('microwave thermotherapy' OR 'micro carcinoma'/exp OR crlm:ab,ti OR 'color liver metastasis':ab,ti) AND percutaneo OR [meta analysis]/lim OR [clinical stud [animals]/lim - Note: Error, should be H	277	
Cochrane Q1-2 2019	(microwave ablation OR MWA) AND Pe carcinoma OR HCC OR Liver cancer)		57
	(Microwave ablation OR MWA) AND Pe Carcinoma OR HCC OR Hepatocellular C Cancers	12	
PubMed Q1-2 2021	((microwaves[mh] OR MWA[tiab] OR M ablation"[tw]) AND ("carcinoma, hepat HCC[ot] OR "Hepatocellular cancer") AN reports"[pt] OR "Clinical Study"[pt] OR "Epidemiologic studies" [mh] OR "Evalu Analysis"[pt] OR "Multicenter Study"[p "Validation Study" [pt] OR randomized study[tiab] OR studies [tiab] OR "Practi guidelines as topic"[mh] OR guideline[t (("animals"[MH:noexp] NOT "humans" dog[tiab] OR dogs[tiab] OR mouse[tiab] AND English[lang]	224	
CINAHL Q1-2 2021	("Microwave ablation" OR MWA) AND Carcinoma" OR HCC OR "Hepatocellula		97

		1	
OR 'hepatocellular cancer':ab,ti) AND percutaneous AND [english]/lim			
AND ('practice guideline'/exp OR 'practice guideline' OR [cochrane			
review]/lim OR [systematic review]/lim OR [meta analysis]/lim OR [clinical			
		191	
		191	
•		50	
n OR MWA) AND Pe	rcutaneous Hepatocellular		
OR Hepatocellula	⁻ Carcinoma OR Hepatocellular		
		17	
	ches	1142	
		57	
		16	
Total items to be screened – unknown, Items merged into single database			
Should Percutaneous vs. Laparoscopic MWA be used for CRLM less than 3			
u <mark>s</mark> vs. <mark>Laparoscopic</mark>	MWA be used for CRLM from 3-5cr	n?	
Concept A Concept B			
	Colorectal neoplasms		
otherapy (Embase)			
	Liver neoplasms		
	CRLM	Percutaneous	
n	Colorectal cancer		
	Liver cell carcinoma		
		Results	
• • •	• • •		
•••			
Terms:noexp]) AND English[lang]			
	-		
"Colorectal liver metastasis" OR "Colorectal cancer" OR (Colorectal AND			
	(3-4 2019 "liver cancer"))		
		12	
	wave ablation') AND ('liver cell		
crlm:ab,ti OR 'color	ectal cancer'/exp OR 'colorectal	12	
crlm:ab,ti OR 'color ti) AND percutanec	, ,	12	
	mwa:ab,ti) AND (h cancer':ab,ti) AND p eline'/exp OR 'pract stematic review]/lin e report'/exp OR 'ca conference abstract n OR MWA) AND Pe OR Liver cancer) n OR MWA) AND Pe OR Hepatocellular ed by database sear latabase searches ocated by handsear ind – unknown, Iter reened – unknown, Iter reened – unknown, Iter reened – unknown, Iter reened – unknown, Iter stabase searches ocated by handsear ind – unknown, Iter reened – unknown, Iter reened – unknown, Iter reened – unknown, Iter reened – unknown, Iter recated by handsear of the searches ocated by handsear ind – unknown, Iter reened – unknown, Iter reened – unknown, Iter recated by handsear of (attabase searches) otherapy (Embase) n fullow (Embase) n	eline'/exp OR 'practice guideline' OR [cochrane stematic review]/lim OR [meta analysis]/lim OR [clinical report'/exp OR 'case report' OR 'case study'/exp OR conference abstract]/lim OR [animals]/lim) n OR MWA) AND Percutaneous AND (hepatocellular OR Liver cancer) n OR MWA) AND Percutaneous Hepatocellular OR Hepatocellular Carcinoma OR Hepatocellular or Nomown, Items merged into single database reened – unknown, Items merged into single database us vs. Laparoscopic MWA be used for CRLM less than 3 us vs. Laparoscopic MWA be used for CRLM from 3-5cr Colorectal neoplasms Colorectal neoplasms Colorectal liver metastasis (Embase) Liver neoplasms (Embase) Liver cell carcinoma fies R MWA[tiab] OR MWA[OT] OR "Microwave ablation") oplasms"[mh] OR "liver neoplasms"[MeSH Terms] OR ectal[tw]) AND Percutaneous AND (case reports[ptyp] yp] OR Comparative Study[ptyp] OR Evaluation ca-Analysis[ptyp] OR Multicenter Study[ptyp] OR ptyp] OR Validation Study[ptyp] OR randomized[tiab] f (rat[tiab] OR rats[tiab] OR "animals"[MeSH English[lang] on" OR MWA) AND Percutaneous AND (CRLM OR	

terms	Microwave thermotherapy (Embase)	Colorectal neoplasms Liver neoplasms	Therapy
MESH	Microwaves	Carcinoma, hepatocellular	Radiofrequency
0	used for HCC or CRLM less than 3-5cm ⁻ Concept A		Concept C
5	Should MWA ablation (laparoscopic or open) vs. RFA ablation (laparoscopic or open) be used for HCC or CRLM less than 3 cm? Should MWA ablation (laparoscopic or open) vs. RFA ablation (laparoscopic or open) be		
-	Total items to be screened – unknown, Items merged into single database		•••••••••
	Total duplicates found – unknown, Iter		
	Additional articles located by handsear	8	
RESULTS	Trials identified in database searches		12
Q3-4 2021 SEARCH	liver metastasis OR Colorectal Total items identified by database searches		4 1132
	OR CRLM OR Colorectal liver metastasi Microwave ablation OR MWA) AND Pe	4	
Cochrane	(microwave ablation OR MWA) AND Pe		
Embase Q3-4 2021	AND percutaneous AND [english]/lim A 'practice guideline' OR [cochrane revie OR [meta analysis]/lim OR [clinical stud 'case report' OR 'case study'/exp OR 'ca abstract]/lim OR [animals]/lim)	305	
	('microwave thermotherapy'/exp OR 'r thermotherapy' OR mwa:ab,ti) AND ('li crlm:ab,ti OR 'colorectal cancer'/exp O	ver cell carcinoma'/exp OR	
CINAHL Q3-4 2021			16
PubMed Q3-4 2021	neoplasms"[MeSH Terms] OR CRLM[tw Percutaneous AND ("Case reports"[pt] "Comparative Study"[pt] OR "Epidemic Study"[pt] OR "Meta-Analysis"[pt] OR "Systematic Review"[pt] OR "Validation OR analysis[tiab] OR study[tiab] OR stu Guideline"[pt] OR "practice guidelines guidelines[title])) NOT (("animals"[MH rat[tiab] OR rats[tiab] OR dog[tiab] OR mice[tiab] OR porcine[tiab]) AND Englis	 /] OR Colorectal[tw]) AND OR "Clinical Study"[pt] OR ologic studies" [mh] OR "Evaluation 'Multicenter Study"[pt] OR n Study" [pt] OR randomized[tiab] dies [tiab] OR "Practice as topic"[mh] OR guideline[title] OR :noexp] NOT "humans"[MH]) OR dogs[tiab] OR mouse[tiab] OR 	
Q3-4 2015	(microwaves[mh] OR MWA[tiab] OR M ablation"[tw]) AND ("colorectal neopla		292
	Microwave ablation OR MWA) AND Pe liver metastasis OR Colorectal	•	4
Cochrane Q3-4 2019	(microwave ablation OR MWA) AND Pe OR CRLM OR Colorectal liver metastasi	-	3

Text	MWA	CRLM	RFA
words	Microwave ablation	Colorectal liver metastasis Colorectal cancer HCC Hepatocellular carcinoma Liver	Radiofrequency ablation
		cell carcinoma Liver cancer	
Database	Final search strategies		Results
Database	((microwaves[mh] OR MWA[tiab] OR N	1W/A[OT] OB "Microwaye	
PubMed Q5-6 2019	ablation"[tw]) AND ("Radiofrequency T Ablation" OR RFA[tiab] OR RFA[OT])) A OR "liver neoplasms"[MeSH Terms] OR "carcinoma, hepatocellular"[mh] OR H0 AND (case reports[ptyp] OR Clinical stu Study[ptyp] OR Evaluation Study[ptyp] Multicenter Study[ptyp] OR Systematic Study[ptyp] OR randomized[tiab] OR st rats[tiab] OR "animals"[mh:noexp]) AN	herapy"[mh] OR "Radiofrequency ND ("colorectal neoplasms"[mh] CRLM[tw] OR Colorectal[tw] OR CC[tw] OR "Hepatocellular cancer") dy[ptyp] OR Comparative OR Meta-Analysis[ptyp] OR review[ptyp] OR Validation udy[tiab]) NOT (rat[tiab] OR	228
QJ-0 2019	(RFA OR "radiofrequency ablation") AN	- · · ·	
CINAHL Q5-6 2019	AND ("Hepatocellular Carcinoma" OR H CRLM OR "Colorectal liver metastasis" (cancer")	ICC OR "Hepatocellular Cancer"OR	57
Embase	('radiofrequency therapy' OR 'radiofrequency ablation') AND ('microwave thermotherapy' OR 'microwave ablation') AND ('liver cell carcinoma'/exp OR 'hepatocellular cancer':ab,ti OR crlm:ab,ti OR 'colorectal cancer'/exp OR 'colorectal liver metastasis':ab,ti) AND ([systematic review]/lim OR [meta analysis]/lim OR [clinical study]/lim) AND [english]/lim NOT		
Q5-6 2019			343
Cochrane Q5-6 2019	("microwave ablation" OR MWA) AND ("radiofrequency ablation" OR RFA) AND ("colorectal cancer" OR CRLM OR "Colorectal liver metastasis" OR "hepatocellular carcinoma" OR HCC OR "Liver cancer")		48
	((RFA AND ablation) OR "radiofrequent therapy") AND (MWA OR Microwave O OR liver cancer OR Colorectal liver met	cy ablation" OR "Radiofrequency R "microwave ablation") CRLM	
Q5-6 2019	"Hepatocellular Carcinoma" OR "Hepat	ocellular Cancers"	32
	((microwaves[mh] OR MWA[tiab] OR M AND ("Radiofrequency Therapy"[mh] O RFA[tiab] OR RFA[OT]) AND ("colorecta neoplasms"[MeSH Terms] OR CRLM[tw hepatocellular"[mh] OR HCC[tiab] OR H cancer") AND ("Case reports"[pt] OR "C Study"[pt] OR "Epidemiologic studies" "Meta-Analysis"[pt] OR "Multicenter St Review"[pt] OR "Validation Study" [pt]	R "Radiofrequency Ablation" OR I neoplasms"[mh] OR "liver] OR Colorectal[tw] OR "carcinoma, HCC[ot] OR "Hepatocellular Clinical Study"[pt] OR "Comparative [mh] OR "Evaluation Study"[pt] OR Sudy"[pt] OR "Systematic OR randomized[tiab] OR	417
PubMed Q5-6 2021	analysis[tiab] OR study[tiab] OR studies OR "practice guidelines as topic"[mh] C		

		1
	guidelines[title])) NOT (("animals"[MH:noexp] NOT "humans"[MH]) OR	
	rat[tiab] OR rats[tiab] OR dog[tiab] OR dogs[tiab] OR mouse[tiab] OR	
	mice[tiab] OR porcine[tiab]) AND English[lang]	
	(RFA OR "radiofrequency ablation") AND (MWA OR "Microwave ablation"	
) AND ("Hepatocellular Carcinoma" OR HCC OR "Hepatocellular Cancer"OR	
CINAHL	CRLM OR "Colorectal liver metastasis" OR "Colorectal cancer" OR "liver	
Q5-6 2021	cancer")	76
	('radiofrequency therapy'/exp OR 'radiofrequency therapy' OR	
	'radiofrequency ablation' OR rfa:ab,ti) AND ('microwave	
	thermotherapy'/exp OR 'microwave ablation' OR 'microwave	
	thermotherapy' OR mwa:ab,ti) AND ('liver cell carcinoma'/exp OR	
	'hepatocellular cancer':ab,ti OR crlm:ab,ti OR 'colorectal cancer'/exp OR	
	colorectal liver metastasis':ab,ti OR hcc:ab,ti) AND [english]/lim AND	
	('practice guideline'/exp OR 'practice guideline' OR [cochrane review]/lim	
	OR [systematic review]/lim OR [meta analysis]/lim OR [clinical study]/lim	
Embase	OR 'case report'/exp OR 'case report' OR 'case study'/exp OR 'case study')	
Q5-6 2021	NOT ([conference abstract]/lim OR [animals]/lim)	411
	("microwave ablation" OR MWA) AND ("radiofrequency ablation" OR RFA)	
Cochrane	AND ("colorectal cancer" OR CRLM OR "Colorectal liver metastasis" OR	
Q5-6 2021	"hepatocellular carcinoma" OR HCC OR "Liver cancer")	45
	((RFA AND ablation) OR "radiofrequency ablation" OR "Radiofrequency	
	therapy") AND (MWA OR Microwave OR "microwave ablation") CRLM OR	
	liver cancer OR Colorectal liver metastasis OR Colorectal OR HCC OR	
	"Hepatocellular Carcinoma" OR "Hepatocellular Cancers"	40
	Total items identified by database searches	1699
	Trials identified in database searches	102
	Additional articles located by handsearching	33
	Total duplicates found – unknown, Items merged into single database	
	Total items to be screened – unknown, Items merged into single database	

Note 3:

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

COHORT STUDIES

<u>Note</u>: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average ______ (describe) in the community *
 - b) somewhat representative of the average _____ in the community lpha
 - c) selected group of users eg nurses, volunteers
 - d) no description of the derivation of the cohort

2) Selection of the non exposed cohort

- a) drawn from the same community as the exposed cohort lpha
- b) drawn from a different source
- c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure

- a) secure record (eg surgical records) *
- b) structured interview *
- c) written self report
- d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes 🟶
 - b) no

Comparability

1) Comparability of cohorts on the basis of the design or analysis

a) study controls for _____ (select the most important factor) *

b) study controls for any additional factor ★ (This criteria could be modified to indicate specific control for a second important factor.)

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment *
 - b) record linkage ₩
 - c) self report
 - d) no description
- 2) Was follow-up long enough for outcomes to occur
 - a) yes (select an adequate follow up period for outcome of interest) *

b) no

- 3) Adequacy of follow up of cohorts
 - a) complete follow up all subjects accounted for *

b) subjects lost to follow up unlikely to introduce bias - small number lost - > $___$ % (select an adequate %) follow up, or description provided of those lost) *

c) follow up rate < _____% (select an adequate %) and no description of those lost

d) no statement

Note 4:

Study Identifier Inclusion criteria Exclusion criteria Group Differences An 2021 The inclusion criteria were as follows:(i) a The exclusion criteria included the Standardized mean differences in the performance status of 0 or 1; (ii) presenting following: (i) patients who had undergone unweighted cohort showed that significant with a small single perivascular tumor other treatments before ablation therapy; (ii) differences were observed in cirrhosis, (tumor size ≤ 3 cm; perivascular peritumoral the presence of vascular invasion or tumor size, alanine amino-transferase, vessel diameter > 3 mm); and (iii) extrahepatic metastases; (iii) severe aspartate aminotransferase, total bilirubin, availability of medical records and imaging coagulopathy; and (iv) inability to follow up. and albumin. Given the potential imbalances in treatment assignment, we performed the data. inverse probability treatment weighting (IPTW) method to reduce observed biases between groups. Treatment propensity was calculated by logistic regression using a panel of potential confounding factors that could have affected the original therapeutic decisions. The standard mean difference (SMD) was used to evaluate the covariate balance. An SMD of less than 0.1 was considered a sign of sufficient balance. Based on this, after the IPTW was applied, the two groups were imbalanced/different (SMD > 0.1) on a few factors including hepatic C as etiology of cirrhosis, tumor size, location of tumor in the left hemiliver, and number of ablation sessions **Correa-Gallego 2014** Undergone operative MWA of CRLM Lap or Perc approach None between 2008. Subsequently, queried the same database for patients who had undergone RFA of CRLM between 2001 and 2010 as historical controls Lee 2017 Between March 2009 and January 2011, 26 Age (y) 62.5 (49-79) and 58 (43-77) in We limited the use of MWA to patients with consecutive patients with a diagnosis of MWA and RFA resp. Male 19 (73.1%) and a maximum of two tumors and size of tumor HCC were recruited for MWA. The 40 (85.1%) in MWA and RFA resp. a-fetal up to 6 cm. Recurrent tumor after previous indications for MWA were: unresectable treatment was not considered a protein (mg/L) 13.5 (1-23,956) and 25 (2tumor; resectable tumor but patient preferred contraindication for MWA. excluded 10,174) in MWA and RFA resp. Platelet local ablation treatment to hepatectomy; patients with more than two tumor nodules. (109 /L) 92.5 (25-265) and 127 (41-250) in tumor not feasible for percutaneous RFA; Patients with concomitant hepatectomy were MWA and RFA resp. and no macroscopic vascular or bile duct also excluded invasion by the tumor. Between May 2003 and January 2011, a total of 219 patients underwent RFA treatment for malignant

Table. Summary of inclusion criteria and group differences for KQ2.

liver tumors in our institute.

Sakaguchi 2009	All 391 patients with solitary HCC who under went (primary) endoscopic thermal ablation between July 1994 and July 2005 as a primary treatment at six Japanese institutions. Criteria: Histologically proved HCC or hypervascular tumor on imaging modalities, treatment-naïve patients, solitary HCC.	No specific criteria reported	Location of HCC (superficial or deep) (96/46 for MW for 131/118 for RF) Longest diameter of HCC (mm; mean 1 SD) (22.8 for MW vs 24.8 for RF) Anesthesia (general or local) (99/44 for MW vs 244/5 for RF) Laparoscopy or thoracoscopy (134/8 for MW vs 245/4 for RF) See Table 1 for details.
Takahashi 2018	Patients with CRLM who underwent laparoscopic MTA between 2014 and 2017 were compared to those who were treated with laparoscopic RFA between 2011 and 2014. The patients underwent ablation, rather than resection in the light of the following scenarios: (1) unresectable tumors due to liver tumor burden or extrahepatic disease, (2) resectable tumors in patients unfit for a resection, (3) resectable small (<3 cm) tumors which would have required a major hepatectomy and patient electing to have ablation instead, and (4) patient preference after the pros and cons of potential treatment options were objectively discussed.	Not meeting above criteria	Didn't differ in baseline characteristics; although significant differences in total ablation and operative time.
Yang 2017	All patients with colorectal liver metastasis who were treated with either LMWA or LRFA from January 2010 to January 2016 were included in this study. The indications for laparoscopic ablation therapies (LMWA or LRFA) were as follows: a single lesion of ≤ 5 cm in diameter or 2 to 3 lesions of ≤ 3 cm in diameter unresectable because of the high risk of postoperative complications, without cirrhosis, and/or superficial lesions adjacent to abdominal viscera or deeply seeded lesions that were not amenable to percutaneous approaches.	Patients who underwent radical hepatic resection with ablation therapy were excluded from this study.	Average tumor maximum diameter was slightly higher in the MWA compared to the RFA group: 3cm (range 1-5) vs 2 cm (range 1-4)
Iida 2013	Patients with only hepatic metastases that were less than 3cm and superficially located	Extrahepatic metastases	Patients in the group that were ablated with RFA+MWA were younger. None of the patient in the lap RFA group had tumors located in segment 2.
Simo 2011	HCC in patients with cirrhosis when the lesion(s) are not amenable to percutaneous intervention due to: location at the dome of the liver, close proximity to the gallbladder, or other visceral organ. None of these patients are candidates for resection either secondary to severity of portal hypertension, degree of hepatic dysfunction or other comorbidities.	Four patients were excluded from the analysis: three due to mistargeting (one for RFA and two for MWA) and one secondary to an inability to visualize the tumor with intraoperative laparoscopic ultrasound.	More males in RFA

percutaneous RFA Declined surgery	Santambrogio 2017	single lesion < 5 cm or two to three lesions <3 cm unresectable due to the risk of complications; CP - A & selected B class early recurrence after surgical resection percutaneous RFA Declined surgery	portal vein thrombosis pre-existing severe liver disease CP - C	None
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