

Hepatocellular Carcinoma with Portal Vein Tumor Thrombus versus Hepatocellular Carcinoma with Biliary Tumor Thrombus: Better or Worse Prognoses? [Response to Letter]

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Dear editor

First of all, we would like to thank Professor Chen from the Eastern Hepatobiliary Hospital for his comments. Professor Chen has put forward a lot of views and references for us, which will be the direction and focus of our future work. The prevalence, clinical characteristics, and oncology results of HCC patients with PVTT and BDTT vary greatly. Therefore, it is necessary to explore the prognosis of HCC patients with different types of tumor thrombosis to guide the treatment of patients. Although we have received more patients with liver cancer combined with tumor thrombi, fewer patients are truly eligible for surgery, especially those with bile duct tumor thrombi. This is also the main reason for our small sample size. Of course, a small sample may lead to one-sided conclusions, which may only be for reference. In Table 3, because there are a large number of PVTT patients, and PVTT is habitually placed first. In fact, high-risk one (BDTT) should be placed first, and it should be BDTT verse PVTT. We are very sorry, this is a small mistake in our writing, which caused misunderstanding. According to the literature data provided by Professor Chen, the prognosis of BDTT patients does not seem to be inferior to that of PVTT patients. For a correct conclusion, it may require larger sample sizes and more retrospective studies from more centers at home and abroad. Collecting more clinical data may be more helpful for drawing correct conclusions. According to Professor Chen's suggestions, we will collect more comprehensive clinical data for research in the future. Finally, we hope that more scholars will pay attention to and conduct research on liver cancer combined with tumor thrombi to improve the prognosis of these patients.

Disclosure

The authors report no conflicts of interest in this communication.

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