

Supplementary Materials

Patient Selection for Transarterial Chemoembolization in Hepatocellular Carcinoma: Importance of Benefit/Risk Assessment

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Supplemental Table 1. An overview of trials comparing TACE with control (conservative management or suboptimal therapies) in hepatocellular carcinoma, updated with permission from Lencioni et al [11] copyright © 2012 Karger Publishers, Basel, Switzerland.

Reference	Design	Treatment	Patients, n	Key inclusion criteria	Survival (%)			
					1	2	3	p value
Pelletier et al. 1990 [12]	RCT	TACE	21	Cirrhosis;	24	---	---	NS
		Conservative management	21	Okuda stage I-III	31			
GETCH 1995 [13]	RCT	TACE	50	Cirrhosis;	62	38	---	NS
		Conservative management	46	Child- Pugh A; Okuda I-II	44	26		
Pelletier et al. 1998 [14]	RCT	TACE	37	Cirrhosis;	51	24	---	NS
		Suboptimal therapy	36	Child- Pugh A and B; Okuda I-II	55	26		
Lo et al. 2002 [15]	RCT	TACE	40	Hepatitis	57	31	26	0.002
		Conservative management	39	B; Okuda I-II	32	11	3	
Llovet et al. 2002 [16]	RCT	TACE	40	Hepatitis	82	63	29	0.009
		Conservative management	35	C; Child- Pugh A and B;	63	27	17	

				BCLC stages B and C; Okuda I-II				
Luo et al. 2011 [17]	Prospective	TACE	84	Hepatitis B; portal vein tumor thrombosis	30.9	9.2	---	<0.001
		Conservative management	80		3.8	0		
Dai et al. 2014 [18]	Retrospective	TACE	131	Hepatitis B	18.5	2.3	---	<0.001
		Conservative management	156	C; Child- Pugh A and B; BCLC stages B and C	12.1	0		
Song et al. 2015 [19]	Retrospective	TACE	119	Hepatitis B; UICC III-IV A; portal vein thrombosis	43.0	23.5	---	<0.001
		Conservative management	27		3.7	0		

BCLC=Barcelona Clinic Liver Cancer; NS=not significant; RCT=randomized controlled trial;
TACE=transarterial chemoembolization; UICC=Union for International Cancer Control.