

How Should We Assign Large Infiltrative Hepatocellular Carcinomas for Staging?

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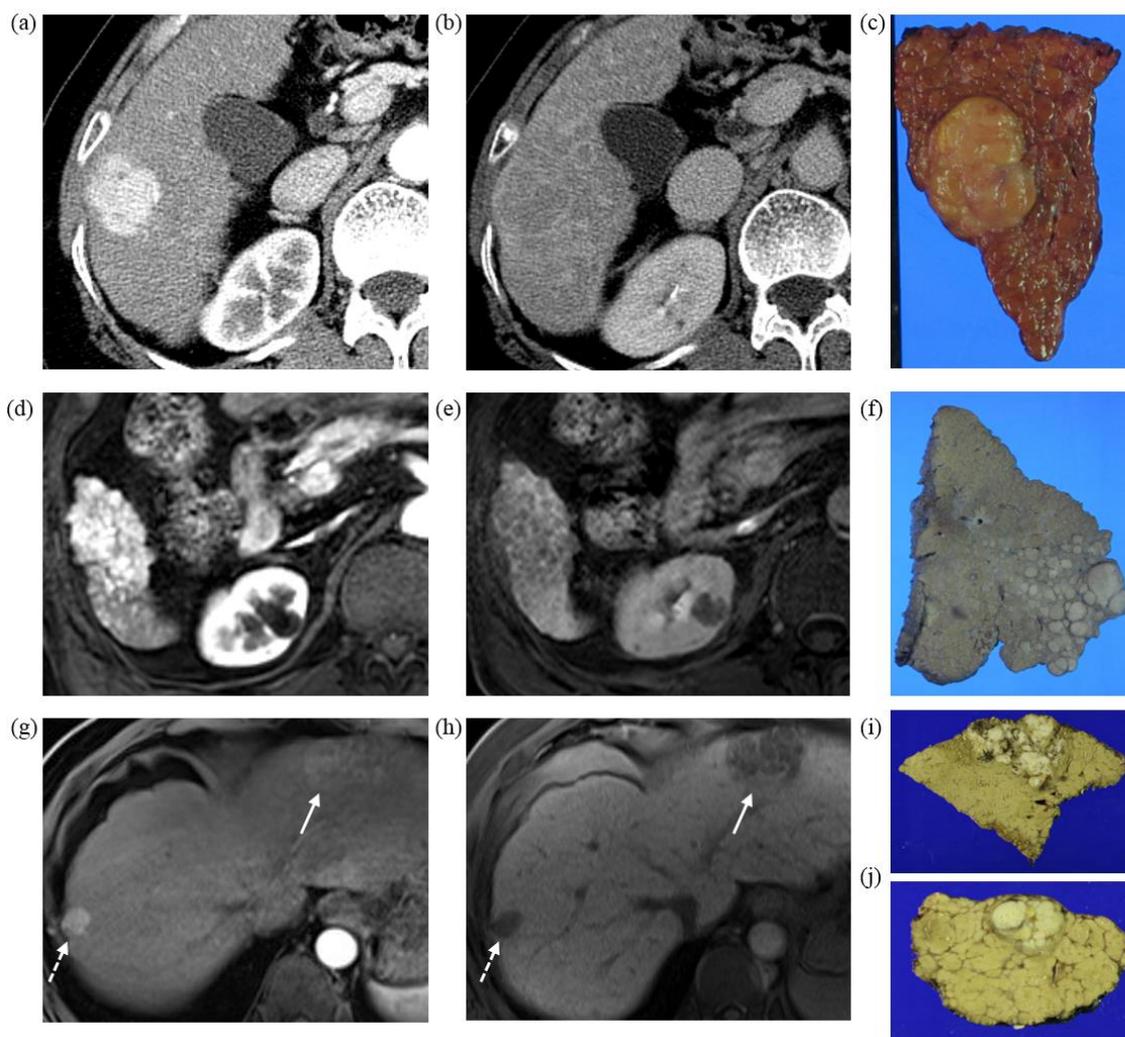


Figure S1. Imaging and gross morphologic subtypes of HCCs. Imaging findings of nodular HCC has typical characteristics of HCC with (a) early arterial hyperenhancement, (b) washout pattern on portal phase in three phase CT and (c) sharp demarcating margin on pathologic finding. Infiltrative HCC staged BCLC A shows (d) tumor with miliary pattern of enhancement in early arterial phase T1-weighted MR image, (e) wash-out pattern at hepatobiliary phase and (f) multiple foci of varying size that fuse to form larger foci without definite margin in pathologic findings. BCLC B staged HCC comprising two HCCs shows (g) inhomogeneous enhancing mass in early arterial phase MR image for larger HCC (solid arrow) and enhancing nodule with discrete margin for another smaller HCC (dotted arrow) and (h) wash-out pattern at hepatobiliary phase for both HCCs. The pathologic findings corresponding to (i) larger HCC shows mass with permeative appearance without distinct margin while (j) smaller HCC has discrete margin.

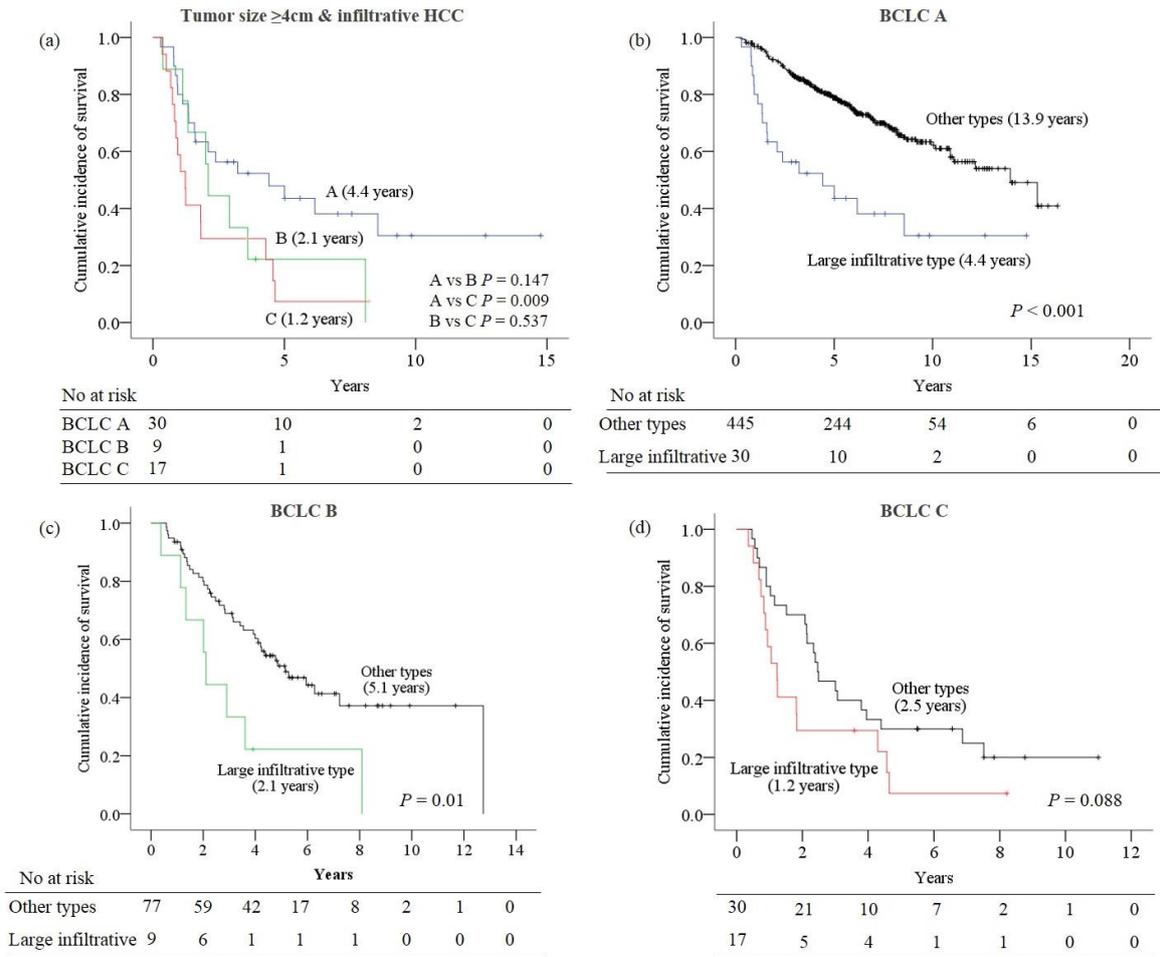


Figure S2. (a) Overall survival according to the current BCLC staging system for large infiltrative HCC. Impact of large infiltrative HCC on different stages: (b) BCLC A, (c) BCLC B, and (d) BCLC C. Median survival time is shown in brackets.



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