# Article information:

肝细胞癌治疗后盆腔CT的附加值 |放射学  
<https://pubs.rsna.org/doi/10.1148/radiol.222314>

# Article summary:

1. The cumulative rate of isolated pelvic metastasis and incidental pelvic tumors in patients receiving treatment for hepatocellular carcinoma (HCC) was 4.0% and 5.3%, respectively, after one year.

2. Baseline T stage was associated with an increased risk of isolated pelvic metastasis (P=.01).

3. Pelvic coverage increased the radiation dose by 29-39% when compared to non-enhanced liver CT scans.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally reliable and trustworthy, as it provides a comprehensive overview of the added value of pelvic coverage with follow-up liver CT scans in patients treated for HCC without extrahepatic metastasis at initial diagnosis. The article is well-structured and provides a clear explanation of the study design, patient selection criteria, imaging acquisition methods, and outcome assessment process. The authors also provide a detailed discussion on the potential benefits and risks associated with increasing the coverage of CT scans in this population.

However, there are some potential biases that should be noted in this article. First, the study is retrospective in nature, which may limit its generalizability to other populations or settings due to selection bias or confounding factors that were not accounted for in the analysis. Second, the sample size was relatively small (n = 478), which may have limited the power of the study to detect significant differences between groups or outcomes. Third, although the authors discuss potential benefits and risks associated with increasing coverage of CT scans, they do not provide any evidence to support their claims or explore possible counterarguments that could be made against their conclusions. Finally, there is no mention of any promotional content or partiality in this article; however, it should be noted that this study was conducted at a single institution and may not reflect results from other institutions or settings.

# Topics for further research:

* Follow-up CT scans for HCC
* Benefits of increased pelvic coverage in CT scans
* Limitations of retrospective studies
* Sample size and power of studies
* Potential risks of increased CT scan coverage
* Generalizability of single-institution studies

# Report location:

<https://www.fullpicture.app/item/a43d0a1b4bf2d3c2b6386bd80283e541>