Letter to the Editor

A new nomogram for prognosis of hepatocellular carcinoma

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Huang *et al.* (1) recently established a predictive nomogram (including the American Joint Committee on Cancer stage, race, grade, surgery, chemotherapy, radiation, tumor size, bone metastasis, and alpha-fetoprotein) with an area under the curve of 0.802, suggesting high predictive accuracy. This study screened 6,166 hepatocellular carcinoma (HCC) patients from the Surveillance, Epidemiology, and End Results (SEER) database and randomly divided them into a training cohort (70%) and a validation cohort (30%). This data partitioning method makes the research results more convincing as it provides a way to validate the model performance with independent datasets.

We congratulate the authors for their creative work, one of the highlights of this study is that it provides a convenient clinical tool that can be used for personalized clinical decision-making. By using this nomogram, doctors can better evaluate the patient's survival and develop more precise treatment plans for them. This can not only improve treatment effectiveness, but also improve the quality of life of patients.

However, there are also some limitations to this study. Firstly, due to the characteristics of the SEER database, this study may not be able to represent HCC patients from all regions. Secondly, the study did not consider some factors that may affect the prognosis of patients, such as their socio-economic status and differences in medical facilities. These factors may have an impact on the survival of patients, so they should be considered in future research. Thirdly, limitations of model validation: the article only conducted internal validation on the developed model, without using external datasets for validation. This may lead to poor generalization ability of the model on external datasets. Fourthly, there may be some subjectivity and bias in selecting prognostic factors in the article. Although the article mentions some common prognostic factors for HCC, a comprehensive evaluation and screening of all possible prognostic factors have not been conducted, which may lead to the omission of some important prognostic factors. For instance, hepatitis B and C infection status are closely related to the prognosis of HCC patients.

Furthermore, as we know, HCC is mainly treated with targeted therapy, immunotherapy, and transarterial chemoembolisation (TACE), rather than radiotherapy or chemotherapy (2,3). However, these treatment modalities are not analyzed in this paper. Therefore, we suggest including these necessary factors for analysis to make the article more comprehensiveness.

In conclusion, Huang *et al.*'s clinical nomogram shows potential for clinical utilization in HCC patients. The authors have done an excellent job and this study is useful. However, we think more high-quality studies are needed to confirm the findings.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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