



# Is brachial artery approach safe for hepatic artery infusion chemotherapy?

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*Comment on:* Xiong J, Zhou Y, Tan K, *et al.* The feasibility and safety of the brachial artery approach in the treatment of hepatic artery infusion chemotherapy: a retrospective study. *J Gastrointest Oncol* 2023;14:1830-6.

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Xiong *et al.* explored the feasibility and safety of hepatic artery infusion chemotherapy through the brachial artery pathway (1). Although this study has certain scientific value, there are some problems and limitations that require more in-depth evaluation and analysis.

Firstly, there is a small calculation error in the article. The article stated that each patient received an average of 1.65 treatments (1), but according to the data in the article, a total of 63 patients received a total of 163 treatments, and the average should be 2.59 treatments.

Secondly, the lack of scoring of patient comfort in this study is an obvious shortcoming. Patient comfort is an important consideration when evaluating the feasibility of any treatment (2). Because chemotherapy is often associated with some side effects and discomfort, patient comfort is critical to evaluating the practical value of the therapy. The failure to include this important metric in this study limits a full assessment of its feasibility and safety.

Thirdly, the article is lack of actual operation pictures is also a shortcoming of the study. Pictures and illustrations are extremely important tools in describing the surgical procedure and explaining the specific implementation of the brachial approach. By showing actual operation pictures, the feasibility of the surgical process and methods can be more intuitively demonstrated, thereby enhancing readers' understanding and acceptance.

Fourthly, failure to display the basic information of the included patients, such as whether they are combined with

hepatitis B, cirrhosis, tumor size, liver function, etc., is also a problem in this study (3). In order to comprehensively evaluate the applicability and effect of the brachial artery approach in hepatic arterial infusion chemotherapy, it is necessary to understand the patient's basic condition and disease status. This information is critical for comparing differences between different patients, analyzing treatment effects, and assessing the scope of suitability of surgical methods.

In summary, although this study conducts a preliminary discussion on the feasibility and safety of the brachial artery approach in hepatic arterial infusion chemotherapy, there are many problems and limitations. In order to improve the reliability and usefulness of the research, more in-depth evaluation and analysis is needed, as well as more rigorous research designs and methods. At the same time, the authors should also explore the limitations of the study and the significance of the results in more depth, and propose specific clinical practice recommendations or future research directions. In future studies, it is recommended to include patient comfort scores, provide actual operation pictures, and display basic patient information to more comprehensively evaluate the feasibility and safety of the brachial artery approach in hepatic arterial infusion chemotherapy.

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