

Surgical Resection vs. Percutaneous Ablation for Single Hepatocellular Carcinoma: Exploring the Impact of Li-RADS Classification on Oncological Outcomes

Leonardo Centonze ^{1,*}, Stefano Di Sandro ^{1,2}, Andrea Lauterio ¹, Riccardo De Carlis ¹, Samuele Frassoni ³, Antonio Rampoldi ⁴, Bruno Tusciano ⁴, Vincenzo Bagnardi ³, Angelo Vanzulli ⁴ and Luciano De Carlis ^{1,5}

Table S1. Surgical technique before propensity score matching (N=86).

Surgical Technique	N (%)
Wedge (non-anatomic) resection	53 (61.6)
Segmentectomy	14 (16.3)
Bisegmentectomy	6 (7.0)
Left lobectomy	8 (9.3)
Right lobectomy	5 (5.8)
Laparoscopy	29 (33.7)

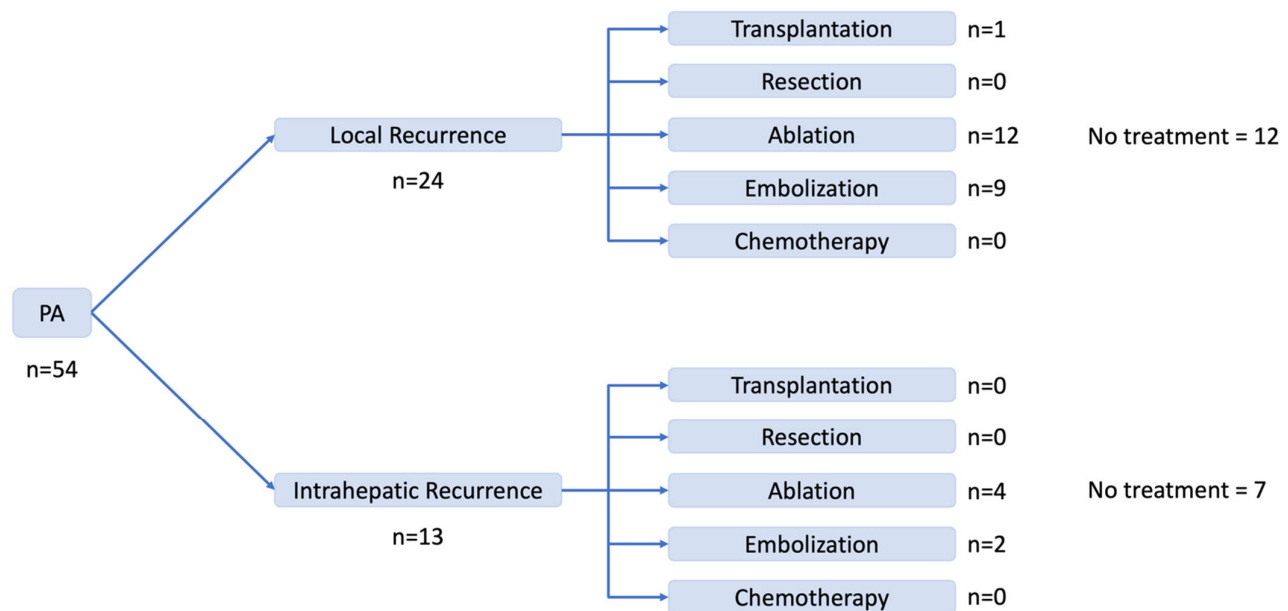


Figure S1. Management of recurrences after US-guided percutaneous ablation (PA) as first-line treatment.

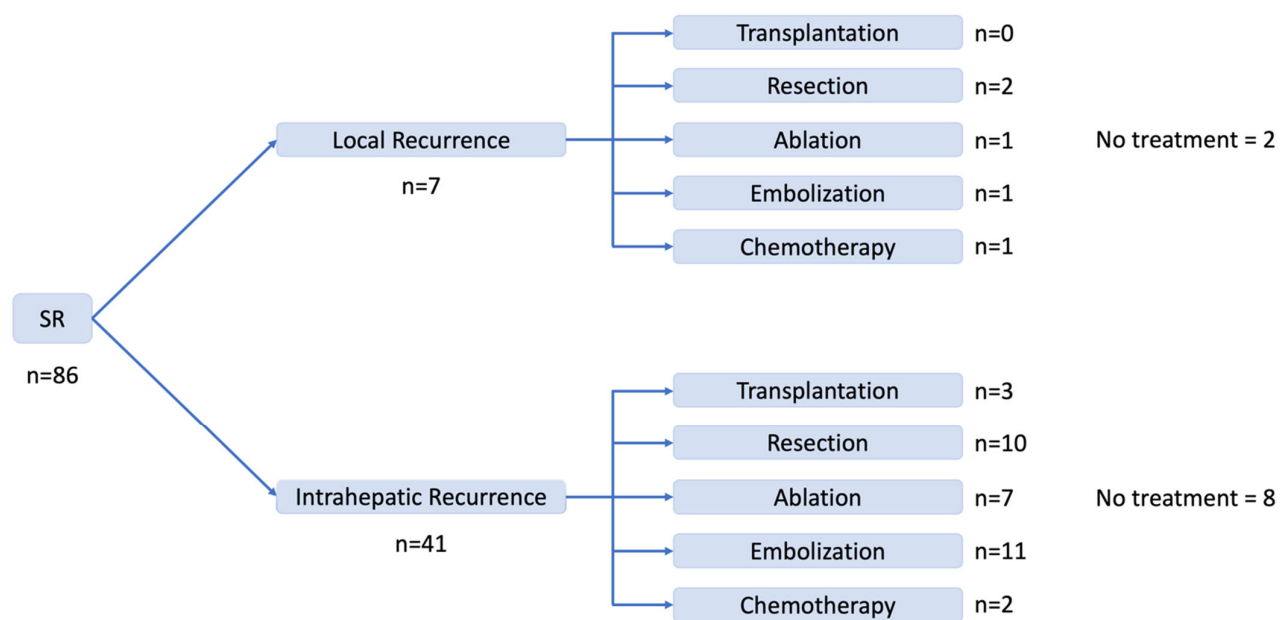


Figure S2. Management of recurrences after surgical resection (SR) as first-line treatment.

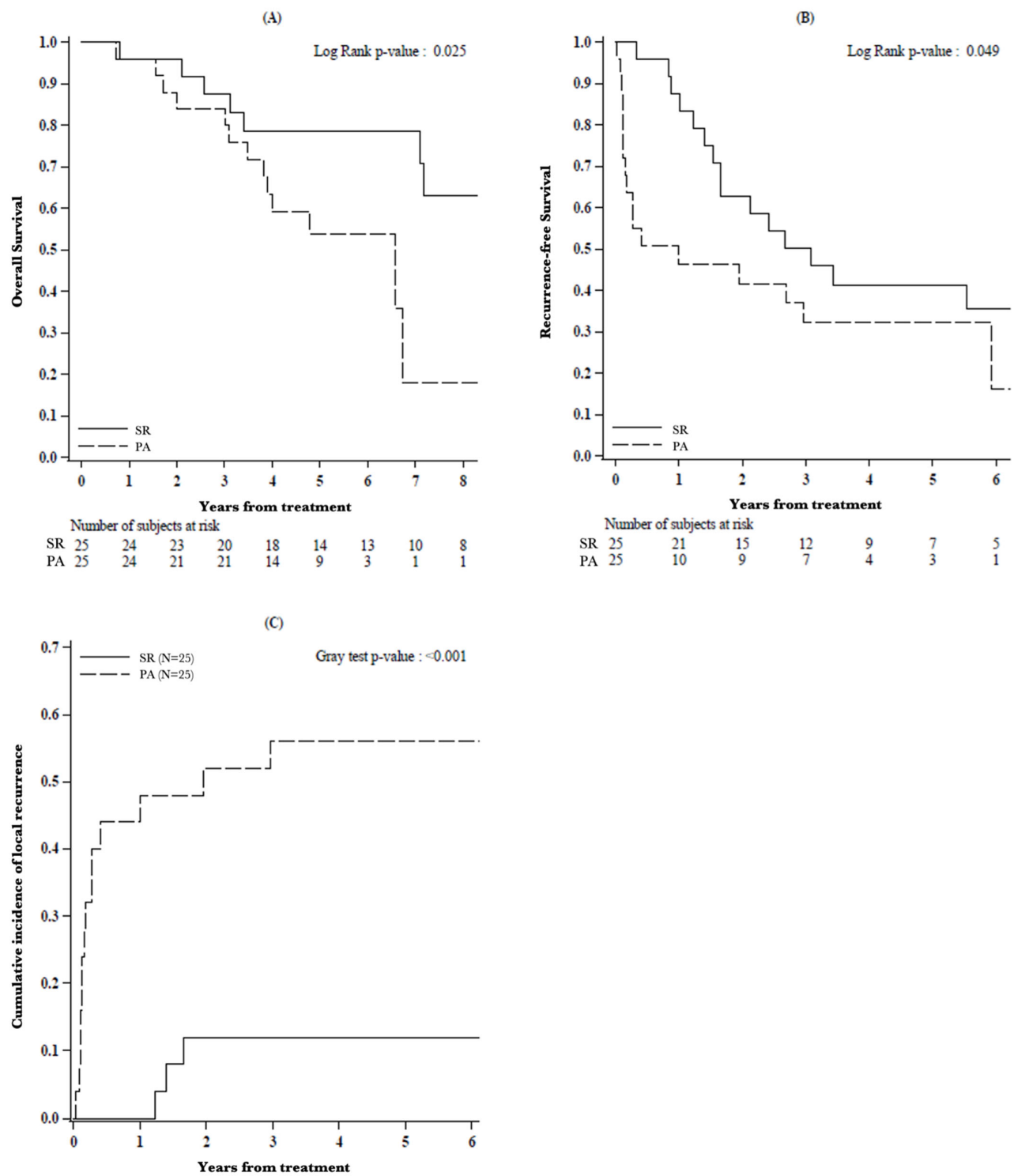


Figure S3. (A) Overall survival, (B) recurrence-free survival and (C) cumulative incidence of local recurrence by type of treatment, among patients after propensity score (N=50).

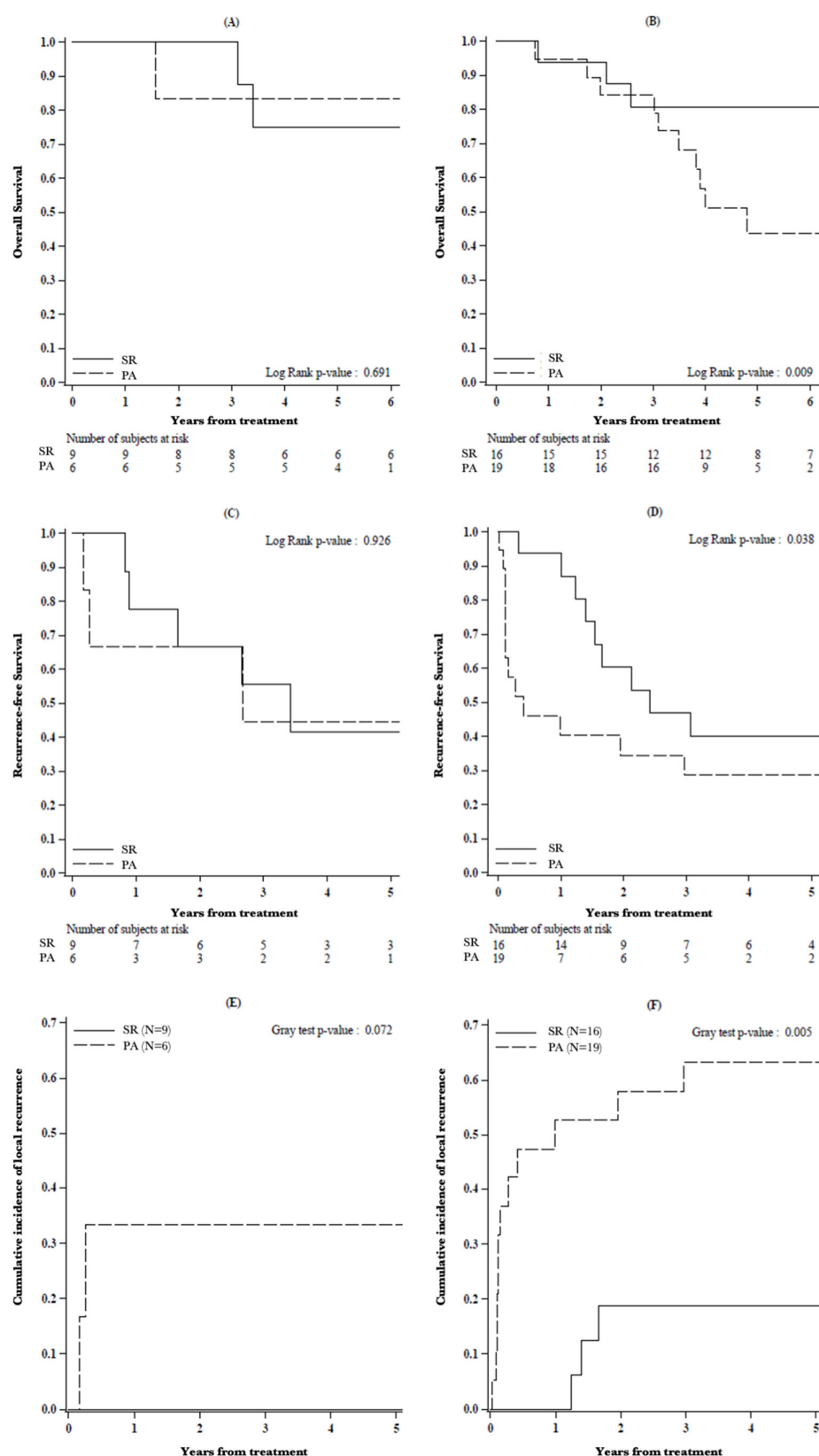


Figure S4. (A and B) Overall survival, (C and D) recurrence- free survival and (E and F) cumulative incidence of local recurrence in patients with nodule classified as (A, C and E) Li-RADS-3/4 and (B, D and F) Li-RADS-5, by type of treatment, among patients after propensity score.