

Microwave versus radiofrequency ablation for the treatment of liver malignancies: a randomized controlled phase 2 trial

Aleksandar Radosevic^{1*+}, Rita Quesada²⁺, Clara Serlavos¹, Juan Sánchez¹, Ander Zugazaga¹, Ana Sierra¹, Susana Coll³, Marcos Busto¹, Guadalupe Aguilar¹, Daniel Flores¹, Javier Arce¹, José María Maiques¹, Montserrat Garcia-Retortillo³, José Antonio Carrion³, Laura Visa⁴, María Villamonte⁵, Eva Pueyo⁵, Enrique Berjano⁶, Macarena Trujillo⁷, Patricia Sánchez-Velázquez⁵, Luís Grande⁵, Fernando Burdio⁵

⁺These authors contributed equally to this work as co-first authors.

¹*Department of Radiology, Hospital del Mar, Barcelona, Spain;* ²*Department of Experimental and Health Sciences, Universitat Pompeu Fabra, Barcelona, Spain;* ³*Hepatology section, Gastroenterology Department, Hospital del Mar. IMIM. Barcelona, Spain.;* ⁴*Department of Oncology-IMIM-Ciberonc, Hospital del Mar, Barcelona, Spain;* ⁵*Department of Surgery, Hospital del Mar, Barcelona, Spain,* ⁶*BioMIT, Department of Electronic Engineering, Universitat Politècnica de València, Valencia, Spain;* ⁷*BioMIT, Department of Applied Mathematics, Universitat Politècnica de València, Valencia, Spain.*

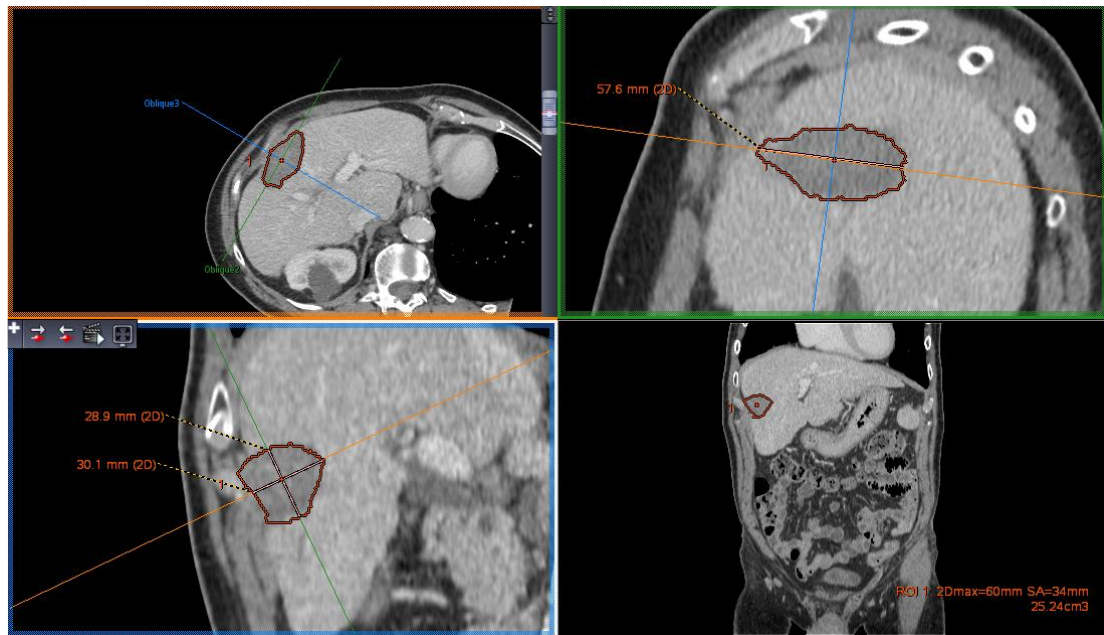


Figure S2 (Supplementary): Each ablation zone was semiautomatically segmented and the volume calculated automatically. The line of segmentation followed the border between the unenhanced ablated tissue and the surrounding, enhancing parenchyma. A 1-month portal phase CT scan images were used in all but two patients. For these two patients, the MRI images were used in a similar fashion. Three corresponding diameters were manually determined from multiplanar reconstruction following the applicator track.