The 2022 Excellent Research Paper Awards of the *Journal of the Chinese Medical Association (JCMA)* were announced at the Chinese Medical Association-Taipei Annual Meeting (CMA-Taipei) on July 8 and July 9, 2023, held at Taipei, Taiwan. All outstanding research works have been selected from the 2022 issues of the JCMA, which is a general and popular medical journal with the achievement of 2022 new impact factor (IF) as 3.9. The present editorial is a “Part I,” including three excellent works. We are honored to present three winners and summarize their impressive, scientific and useful findings, which bring a great impact on global health promotion and offer a better care reference for the profession in the management of various kinds of patients with similar clinical situation in the future.

The publication entitled “Repeated loco-regional therapies for hepatocellular carcinoma is associated with inferior outcome after living donor liver transplantation in cirrhotic patients” was conducted by Dr Tsou and his colleagues. Among 124 patients with hepatocellular carcinoma (HCC) treated by living donor liver transplantation (LDLT) procedure, 18 patients had recurrence and 32 patients died during a median follow-up period of 41 months. Traditionally, the therapy of HCC patients is based on the Barcelona Clinic Liver Cancer (BCLC) stage system. Noncirrhotic HCC patients with BCLC stage 0-A could be treated with resection surgery or local ablation. Many HCC patients with multiple tumors or BCLC stage B and preserved liver function could be treated with transarterial chemoembolization (TACE). Systemic therapy is appropriate in patients with BCLC stage C. Many HCC patients were associated with cirrhosis (end-stage liver disease). Cirrhotic HCC patients who meet Milan criteria are candidates for liver transplantation. The loco-regional therapies (LRTs) could be served as a bridging therapy for patients with HCC on the waitlist for liver transplant, or a strategy of downstaging to meet Milan criteria. However, it is still uncertain whether LRT may affect the outcome of LDLT or not. Tsou et al tried to respond to this question. The results showed a significantly better overall survival (OS) and disease-free survival (DFS) in the group of LDLT without previous LRT (3-year OS 87.5% vs 61.7%, p = 0.012; 5-year DFS 100.0% vs 70.7%, p = 0.001). Moreover, LRT > 4 times was a critical redline, because OS and DFS were dramatically shortened with 5-year OS 51.1% and 5-year RFS 56.7%, respectively. This critical point by >4 times of LRT was further confirmed by the multivariate analysis, because it was the only determined factor for worsening both DFS (hazard ratio [HR] 5.28, 95% confidence interval [CI] 1.46-19.07) and OS (HR 2.75, 95% CI 1.37-5.54), respectively. By contrast, except the factors as >4 times of LRT, in terms of other risk factors, there was difference between DFS and OS. The maximal tumor size (HR 1.66, 95% CI 1.20-2.29) and histological grade (HR 5.28, 95% CI 1.46-19.07) were two factors associated with a negative impact on DFS. MELD (model for end-stage liver disease) scores was associated with a poor OS rate (HR 1.10, 95% CI 1.03-1.16). The aforementioned discrepancy was not well explained by the authors. However, this part may be important and worthy of our further attention. In theory, recurrence means “end-stage” of the diseases or therapeutic failure. Conventionally, recurrence, particular for cancers can be simply considered a reflective of death. The development of a new cancer or recurrence of cancer after cure often results in shortening the life span compared to those without. The authors also show the worse outcome in patients with alcohol-related liver diseases after the treatment by liver transplantation but with developing de novo malignancy in their recent publication. Although there are many studies available in the hand to show longer DFS is no longer considered longer OS, a longer DFS really represent the better quality of life (QoL), not only for physical function but also for psychological burden.

We believe that the main goals of the health providers and patients are in agreement in the cancer treatment, not only for saving life but also for maintaining QoL. In the management of HCC patients by the LDLT procedure, we cannot underestimate the potential different expectancy between health providers and patients, because the health providers may be more anxious in recurrence, since they always consider that recurrence is a reflective of failure of initial therapy.

Another winner is Dr Luo who enrolled 225 patients with carotid blowout syndrome (CBS), which is one of the critical and urgent life-threatened diseases after aggressive head and neck...
cancer (HNC) treatment. The authors attempted to identify the risk factors associated with recurrent CBS. Based on the tumor behaviors of HNC with resultant local and extensive destructive injury to surrounding tissues, multimodality therapy had been often applied, particularly for those patients with advanced-stage diseases. Many therapeutic tools including radiotherapy, chemotherapy, immune checkpoint inhibitors, and surgical removal are an essential element to integrate into the multimodality treatment. Besides of the need of multimodality therapy for advanced-stage HNC, these patients have received repeated and repeated therapy with resultant a heavy treatment, which is not only associated with an increased risk of morbidities but also contributes to the development of severe adverse events. CBS, referring to the rupture of the carotid artery may be one of the well-known life-threatening complications of HNC after heavy treatment for HNC patients. The therapeutic goal of CBS includes not only life-saving but also recurrence-preventing. Therefore, both the occlusion of the extravasation site minimizing the risks of recurrence are considered. Additionally, similar to aims of treatment for many other diseases, cure is the main goal, but function maintenance is also important, since the latter is involved in the better QoL. This is more critical for certain main trunks, such as the common carotid artery and the internal carotid artery because both are directly related to life and QoL. In their study, Dr Luo found two main causes associated with CBS recurrence, as disease progression and insufficient embolization with different time frames. Insufficient embolization is usually associated with a shorter time interval to recurrent CBS, approximately within 2 weeks. To determine why insufficient embolization occurred, underestimation of disease extension is a main cause. To overcome the aforementioned condition, combined angiography and computed tomography angiography may be a better choice, which not only provides an accurate bleeding site but also reconstructs the damage vessels for further treatment, compared to angiography alone. All reminded us that to offer the better outcome after therapy, the careful, detailed and comprehensive assessment of damaged vessels before endovascular management should be made, even though the clinical catastrophic events, such as CBS occur. In fact, this concept fits all diseases when an active and intensive treatment should be given.

The other study entitled “Clinical outcomes and metastatic behavior between de novo versus recurrent HER2-positive metastatic breast cancer: A 17-year single-institution cohort study at Taipei Veterans General Hospital” was conducted by Dr Cheng and her colleagues. Similar to management of all other types of cancers, therapy of breast cancer (BC) is usually a multimodality approach, which consists of surgery, radiotherapy, hormone therapy, chemotherapy, immunotherapy, and targeted therapy. Among these, immunotherapy and targeted therapy may offer a new chance to overcome the troublesome BC patients, either advanced-stage or recurrent BC with aggressive behaviors by improving the outcome and prolonging life. HER2-positive BC was an example since it is often associated with poor outcomes compared to other subtypes of BC patients. Fortunately, introducing trastuzumab as an agent for BC, the prognosis of HER2-positive BC is markedly improved thereafter. This research focused on the characteristics and outcomes of de novo stage IV (n = 97) or recurrent (n = 126) HER2-positive BC. Although advanced stage and recurrent cancers are often grouped together based on the challenge of therapy (absence of effective therapeutic choice) and very poor outcomes, the real difference between two is still seldom investigated. We are happy to learn the authors attempted to respond to the above. The authors found that median PMS (postmetastasis survival) calculated from the date of detected metastatic lesion to death in the de novo stage IV BC was statistically significantly longer than the recurrent BC patients (79.2 vs 61.8 months), contributing to a better PMS (46.1% vs 33.6%, p = 0.029), suggesting clinical characteristics and outcomes of de novo stage IV metastatic BC (MBC) is distinct from recurrent BC. Additionally, the authors identified an elder age (>50 years with HR 0.60, 95% CI 0.42-0.85), application of HER2-targeted therapy (HR 0.22, 95% CI 0.15-0.34), and one metastatic site (except liver and/or brain, HR 0.39, 95% CI 0.24-0.64) were all independent factors associated with better prognosis in the entire population. As expected, the recurrent BC patients having a good response to the therapy with prolonged DFS (>24 months) also resulted in a longer and better PMS compared to those with DFS < 24 months. The present study reminded us that an active and individualized/molecular based therapy may improve the outcome of advanced-stage cancer patients, even for those recurrent cancer patients. Similar to other cancer treatment, with far advanced technology and precise medicine guided therapy, the patients may have a better chance for prolonging their life.

We congratulated the three winners who are recognized an Excellent Research Paper Award of the Chinese Medical Association-Taipei for surgery, neurology, and oncology field, respectively, again. We appreciate their contribution to updating knowledge about healthcare.

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