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Foreword

Primary and metastatic liver cancer



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This is only my second foreword as Consulting Editor for the *Surgical Oncology Clinics of North America*. In the first foreword, I had the opportunity to comment on the issue that was edited by Jean-Nicolas Vauthey, MD, concerning biliary tract cancer. On the heels of that successful issue, Dr. Vauthey has completed a second issue dealing with hepatocellular carcinoma and metastases to the liver. I would like to emphasize that both of these issues should be considered standard references for surgical residents and oncology fellows across the United States. I am sure that attending surgical staff would also find benefits in both issues.

As Dr. Vauthey mentions in his preface, this issue of the *Surgical Oncology Clinics of North America* is divided into two parts. The first part deals with hepatocellular carcinoma, and the second part emphasizes hepatic metastasis with a main focus on colorectal carcinoma. There is a tremendous amount of information in both parts; therefore, this issue should serve as a reference for trainees and attending staff. Although the oncologic arena is changing monthly and sometimes weekly in view of the exploding genetics and targeted therapy in oncology, areas such as pathology and anatomy remain stable. Dr. Vauthey has assembled a group of individuals from around the world with experience in the natural history, biology, diagnosis, and treatment of hepatocellular carcinoma and liver metastasis from colorectal carcinoma. In part one, an excellent discussion focuses on surgical resection with major vascular involvement. The senior author in this article is Dr. Yoshio Yamaoka, Chairman of the Department of Surgery at Kyoko University Graduate School of Medicine in Japan.

Part two of this issue contains a discussion related to the treatment of liver metastasis with a focus on colorectal carcinoma as well as an excellent discussion on the indications and results of hepatic resection for neuroendocrine metastases. I would also call the reader's attention to the article by Steven Curley, Chief of the Gastrointestinal Surgery in the Department of Surgical Oncology at M.D. Anderson Cancer Center, which deals with radio-frequency ablation in patients with primary metastatic liver cancer.

It is extremely important that oncologic surgeons have a continuous mechanism for the latest advances in the diagnosis and treatment of solid tumors. Dr. Vauthey's issues in the *Surgical Oncology Clinics of North America* have met my goals in that the topics must be of interest and must be practical for all oncology specialties. Cancer care is multidisciplinary; thus contributions made by surgeons, medical oncologists, and radiation oncologists are key to continuing education.

As I stated in my first foreword, I encourage senior investigators who have been my colleagues over the years to work with their residents and fellows to create articles as a way of "on the job" training in manuscript writing and thought processes. One of the best ways to be mentored by a senior investigator is through the sometimes agonizing process of collecting background information on a subject and putting it in manuscript form. We are obligated as teachers to continue this process for future generations of physicians who will care for cancer patients.

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