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Preface

Primary and metastatic liver cancer



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The advances in liver cancer treatment discussed in this issue of the *Surgical Oncology Clinics of North America* represent only some of the recent developments in this rapidly advancing field. One of the important trends reflected in this issue is the effective contribution of a wide range of medical specialties to a better understanding of and more effective treatment options for hepatocellular carcinoma and metastatic liver disease.

This issue is divided into two sections. In the first section, hepatocellular carcinoma is reviewed from the perspective of the hepatologist and the pathologist. The significance of vascular invasion and its major implications in the staging of hepatocellular carcinoma are discussed. The new American Joint Committee on Cancer Staging for hepatocellular carcinoma is evaluated in Chinese patients. Two challenging aspects of hepatic resection for hepatocellular carcinoma are presented: major resection in advanced liver disease and resection of hepatocellular carcinoma with major vascular invasion. The role of intraoperative ultrasonography in liver cancer is emphasized. This section ends with a discussion of liver transplantation and the palliative options of hepatic artery embolization and chemotherapy.

The second section is dedicated to liver metastases. The main focus is on hepatic metastases from colorectal carcinoma. First, the biology of hepatic colorectal metastases is thoroughly reviewed. This is followed by a discussion of the indications and contraindications for resection of hepatic colorectal metastases and the survival benefits from the procedure for various patient subsets. Arterial chemotherapy is revisited, mainly because of its promise as a form of adjuvant therapy after resection of hepatic colorectal

metastases. The other side of the coin is the emerging option of neoadjuvant chemotherapy, which because of improved efficacy is now used at many centers to reduce the rate of positive surgical margins and render initially unresectable disease resectable. Also presented is a new and provocative approach that challenges the dogma of unresectability in patients in whom metastatic hilar lymphadenopathy and hepatic colorectal metastases are discovered at the time of planned resection. After patients with metastatic colorectal carcinoma, the patients who benefit most from resection of hepatic metastases are perhaps those with metastases from neuroendocrine tumors. A detailed review discusses the benefits of resection in this subset of patients. Last but not least, radiofrequency ablation is discussed as an alternative to surgery in selected patients with primary and metastatic liver cancer.

I wish to sincerely thank all the contributors for their commitment to this project. I am convinced that the knowledge gained from reading these articles will improve the care of patients with liver cancer.

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