

## CONTENTS

<b>Foreword</b>	<b>xiii</b>
Nicholas J. Petrelli	

<b>Preface</b>	<b>xv</b>
Bernard Nordlinger	

<b>Recent Advances in Conventional and Molecular Prognostic Factors for Gastric Carcinoma</b>	<b>467</b>
Donato Nitti, Simone Mocellin, Alberto Marchet, Pierluigi Pilati, and Mario Lise	

Despite radical surgery, the prognosis of patients who have gastric carcinoma remains unsatisfactory because of the intrinsic but unpredictable aggressiveness of this malignancy. During the past decade an ever-growing list of molecular prognostic factors has been proposed based on the discovery of the mechanisms underlying gastric cancer aggressiveness. Studies performed in larger and more homogeneous series of patients and adequate statistical analysis are warranted before any of the candidate biomarkers can be implemented in the routine clinical setting for the identification of patients at higher risk and thus for the selection of candidates for adjuvant or more aggressive therapies.

<b>Multidisciplinary Treatment of Advanced Cancer of the Esophagus and Gastroesophageal Junction: A European Center's Approach</b>	<b>485</b>
Toni Lerut, Johnny Moons, Willy Coosemans, Herbert Decaluwé, Georges Decker, Paul De Leyn, Philippe Nafteux, and Dirk Van Raemdonck	

Tremendous progress has been made in surgery for cancer of the esophagus and gastroesophageal junction. After primary surgery,

overall 5-year survival rates of 35% or more are obtained in high-volume units, and for advanced stage III cancer, 5-year survival reaches 25%. Multimodality therapy, in particular induction chemotherapy with or without radiotherapy, results in a complete response rate in up to 25% of the patients. Approximately 50% of the patients receiving such treatment do not respond, however, and their outcome is dismal. Therefore, further efforts are needed to elaborate more precise algorithms for selecting candidates for induction therapy versus primary surgery.

## **Staging of Advanced Colorectal Cancer**

503

Graeme J. Poston

The management of advanced colorectal cancer has changed dramatically during the last decade. By redefining resectability, and with the use of modern chemotherapy, nearly 10% of unresectable patients are now alive 5 years after diagnosis, and, overall, 20% are alive at 5 years when the combined results of surgery and chemotherapy are considered. These achievements are not reflected in the current staging, which categorizes all disease spread beyond the lymph node basin of the primary tumor as unstratified stage 4. This article discusses the merits of a number of proposals for a new, meaningful staging system for advanced colorectal cancer.

## **Laparoscopic Resection for Colorectal Cancer: Evidence to Date**

519

Omer Aziz and Ara W. Darzi

This article highlights the individual merits and weaknesses of laparoscopic as compared with open surgery as the primary treatment of colorectal cancer. Although results clearly suggest that laparoscopic surgery for colorectal cancer results in an earlier postoperative recovery, it is more difficult to comment on rarer complications. To date, results from laparoscopic colorectal resections suggest that the resected specimen is oncologically comparable that obtained with open surgery, but more long-term data on cancer recurrence and survival at 3 and 5 years postoperatively are eagerly awaited.

## **Multidisciplinary Treatment of Cancer of the Rectum: A European Approach**

533

R.J. Nicholls and Paris P. Tekkis

Multidisciplinary treatment for rectal cancer was developed in the 1950s. In Europe preoperative radiotherapy was the main focus of study. In the United States, postoperative radiotherapy was preferred for many years. Advances were made through the use of randomized clinical trials, standardized restorative surgery, and more accurate preoperative staging by MRI.

## **Bilobar Colorectal Liver Metastases: Treatment Options**

553

Daniel Jaeck and Patrick Pessaux

Although prospective, randomized clinical trials never have been conducted, retrospective and comparative studies strongly indicate that hepatic resection is the only available treatment that allows long-term survival in colorectal carcinoma that has metastasized to the liver. Unfortunately, curative resection can be performed in less than 25% of the patients. Ten years ago, hepatic resection was contraindicated in case of multiple or bilobar nodules. Currently, the trend is to be more aggressive and to increase the indications for surgical resection with the development of new strategies using a multidisciplinary approach.

## **Treatment of Pancreatic Adenocarcinoma: A European Perspective**

569

Dirk J. Gouma, Olivier R.C. Busch, and Thomas M. Van Gulik

The diagnostic strategy/staging, surgical management, and adjuvant treatment of pancreatic cancer have changed worldwide during the past decades. These changes are discussed in this article. Specific attention is given to European studies and contributions.

## **Intraductal Papillary Mucinous Neoplasms of the Pancreas: Indication, Extent, and Results of Surgery**

587

Alain Sauvanet

In intraductal and papillary mucinous neoplasm (IPMN) of the pancreas, the aims of surgery differ according to the presence of malignancy. For malignant IPMN and especially for invasive malignancy, radical resection is essential, but entails a substantial operative risk and long-term pancreatic insufficiency. For benign IPMN, in theory, the operative risk and the loss of pancreatic function should be minimal. Thus, surgery for malignant and benign IPMN differs in patient selection, surgical technique, and accepted risk of long-term functional disorders. This article details the indications, surgical techniques, and results of surgery in IPMN.

## **Liver Resection for Hepatocellular Carcinoma**

607

Richard Bryant, Alexis Laurent, Claude Tayar, Jeanne Tran Van Nhieu, Alain Luciani, and Daniel Cherqui

The indications and the results for liver resection for hepatocellular cancer (HCC) depend on the stage of the tumor at diagnosis, the functional reserve of the liver, and the use of suitably adapted surgical techniques. This article briefly discusses liver resection for HCC in patients who do not have chronic liver disease and then discusses liver resection for HCC in patients who have chronic liver disease.

## **Management of Melanoma: A European Perspective**

635

Alexander M.M. Eggermont and Christiane Voit

Clinical management of melanoma requires insight into the utility of adjuvant surgical and systemic therapy options. This article discusses the evidence from randomized, controlled trials of adjuvant surgical therapy, sentinel node biopsy, and surveillance of regional lymph node basins by ultrasound. Ultrasound also can be used to identify metastasis in the sentinel node to avoid unnecessary sentinel node biopsies. It describes the experience with chemotherapy, immunostimulants, and vaccines, which have failed as adjuvants in stage II–III disease. Interferon has a consistent effect on relapse-free survival, although it does not have a significant benefit for overall survival.

## **Treatment of Soft Tissue Sarcoma: A European Approach**

649

Fausto Badellino and Salvatore Toma

This article discusses the treatment of adult soft tissue sarcoma (excluding gastrointestinal stromal tumor), analyzing the principles underlying treatment and the results of surgery, radiotherapy, and chemotherapy. The focus is on the European approach in particular, and ongoing studies are summarized.

## **Sentinel Lymph Node Biopsy in Breast Cancer**

673

Lucio Fortunato, Alessandra Mascaro, Mostafa Amini, Massimo Farina, and Carlo Eugenio Vitelli

The clinical management of breast cancer has improved tremendously in the last 2 decades. Sentinel lymph node biopsy (SNB) allows conservation of the axillary lymph nodes in most patients who have breast cancer. Furthermore, it allows identification of occult nodal disease after step sectioning and more detailed staging. Although large breast tumors, multicentric disease, recurrent cancers, and use of neoadjuvant therapy were previously considered contraindications to SNB, a large body of evidence is accumulating to support its use in these cases. The prognostic significance of micrometastases and isolated tumor cells needs clarification in prospective, randomized trials.

## **Index**

701