

Foreword



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Consulting Editor

This issue of the *Surgical Oncology Clinics of North America* is devoted to biliary tract cancers. The Guest Editor is Joseph Bennett, MD, FACS. Dr. Bennett completed his general surgery training at the University of Chicago, which was subsequently followed by a surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center. He presently is the Co-Director of the Hepatobiliary-Pancreatic Multidisciplinary Center at the Helen F. Graham Cancer Center at Christiana Care, and Assistant Professor of Surgery at Thomas Jefferson University.

In the United States in 2008, there were approximately 21,000 people with liver and extrahepatic bile duct cancers. In addition, there were approximately 9,500 people with gallbladder and extrahepatic biliary cancers. One can divide biliary tract cancers into those of the gallbladder, the ampulla of Vater, the extrahepatic bile ducts and the intrahepatic bile ducts. Interestingly, cholangiocarcinoma originally described primary tumors of the intrahepatic bile ducts and not those located extrahepatically. However, in recent times, cholangiocarcinoma has included intrahepatic, perihilar and distal extrahepatic cancers of the bile ducts. In 1965, Klatskin described perihilar tumors involving the bifurcation of the hepatic duct which today bears his name.

Like the overwhelming majority of tumors in the digestive system, biliary tract cancers are predominantly carcinomas. The most common histologic types are adenocarcinoma, mucinous and papillary carcinoma. Interestingly, because of the severe desmoplastic reaction of cholangiocarcinomas, it makes it difficult, especially in patients with cholangitis or intraductal gallstones, to distinguish between fibrous tissue and well differentiated cholangiocarcinoma. These issues and many others are described by Dr. Bennett and the expert group of physicians that he has put together for this issue of *Surgical Oncology Clinics of North America*. Dr. Bennett's own chapter, "Malignant Masquerade: Dilemmas in Diagnosing Biliary Obstruction" is must reading for surgical residents and fellows. Also, Dr. Kai Bickenbach from the University of Chicago discusses the molecular mechanisms of cholangiocarcinogenesis. In addition, there is an excellent discussion by our colleagues from M.D. Anderson Cancer Center on portal vein embolization and hilar cholangiocarcinoma.

I want to congratulate Dr. Bennett and his colleagues for an outstanding issue of *Surgical Oncology Clinics of North America*. I look forward to sharing this edition with our own surgical residents at the Helen F. Graham Cancer Center.

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