

EDITORIAL

AHPBA/SSO/SSAT Sponsored Consensus Conference on Multidisciplinary Treatment of Hepatocellular Carcinoma

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On January 21, 2010, the American Hepato-Pancreato-Biliary Association convened a Consensus Conference on the multidisciplinary treatment of hepatocellular cancer (HCC). The conference was cosponsored by the Society of Surgical Oncology, the Society for Surgery of the Alimentary Tract, and The University of Texas M. D. Anderson Cancer Center. The goals of this conference were to address knowledge gaps in the areas of the optimal preparation of patients with HCC for operative therapy, the best methods to control HCC while awaiting liver transplantation, and developing a multidisciplinary approach to these patients with the implementation of novel systemic therapies. This meeting took place over 1 day and was divided into three sessions addressing (1) pretreatment assessment, (2) surgical treatment, and (3) combined modality therapy.

This issue of *HPB* has three manuscripts outlining the consensus statements^{1,2,3} with each manuscript accompanied by an editorial. The methods used in this consensus conference have been described previously.^{4,5} Following consultation among experts from the three sponsoring societies, a group of experts was identified and invited to participate in this conference. Each expert was asked to present on a given area and to outline two or three consensus statements at the end of his or her presentation. A panel of content experts commented on the consensus statements, and then the audience was given the opportunity to comment on the

consensus statements. After the symposium, three manuscripts, each summarizing one of the sessions, were written by the speakers and session co-chairs. Each manuscript was then given to the corresponding session panelists, who wrote a brief editorial highlighting areas of controversy and importance and providing alternative perspectives.

HCC is one of the commonest malignancies in the world. Its management is made complex by the interplay of tumor characteristics and the health and underlying function of both the patient and the liver. The pretreatment consensus statements tackle some of the issues around proper staging, the optimal methods of imaging and staging these tumors, the appropriate use of adjunctive procedures to minimize perioperative risk for these patients – which includes the use of portal vein embolization and hepatic volumetric assessment, and defining resectability in light of patient, tumor, and liver factors. The second session on the surgical management of these patients deals with the appropriate use of radiofrequency ablation in the treatment armamentarium of these patients, optimal technical considerations when performing hepatic resection, the use of bridging therapies prior to hepatic transplantation, and the criteria for transplantation in light of patient, liver, and tumor factors. The third and final session focused on the use of combined modality therapy in the setting of a multidisciplinary team environment; it specifically addresses the use of transarterial chemoembolization, systemic therapies including sorafenib, Yttrium 90 microembolization, and the novel use of radiotherapy in these patients. Finally, areas requiring further study have been identified and highlighted, with a strong emphasis placed on the vast majority of patients that

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are not candidates for resection, transplantation, ablation or regional therapies; and consequently the urgent need for novel systemic therapies. The conference participants and the consensus statements generated are reflective of the importance of ongoing collaborative multidisciplinary care of patients with HCC.

Conflict of interest

None declared.

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