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Hepatic Surgeons Are Like the Child Who Rescued Dying Fish: REPLY

This is a pre print version of the following article:

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1565589> since 2016-11-11T09:31:50Z

Published version:

DOI:10.1002/hep.27979

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HEPATOLOGY

Reply

Journal:	<i>Hepatology</i>
Manuscript ID:	HEP-15-1264
Wiley - Manuscript type:	Correspondence
Date Submitted by the Author:	29-Jun-2015
Complete List of Authors:	Bruix, Jordi; BCLC Group Hospital Cliinic, BCLC. Liver Unit; Romagnoli, Renato; University of Torino, Liver Transplantation Center Mazzaferro, Vincenzo; Fondazione IRCCS Istituto Nazionale Tumori,
Keywords:	

 SCHOLARONE™
Manuscripts

Review

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3 **Reply to the Letter on the HEPATOLOGY Editorial: “Surgical resection for**
4 **hepatocellular carcinoma: moving from what can be done to what is worth doing”**
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34 Word count (including references): 459
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4 We were pleased to see the attention raised by our shared Editorial (1) dealing with the
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6 role of surgical resection in the treatment of hepatocellular carcinoma (HCC). However,
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8 our feeling is that Chinese colleagues (2) somehow misunderstood our view. As a
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10 consequence, we would like to clarify on three points.

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13 First, taking inspiration from the story of the child who rescued dying fishes stranded on
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15 the beach, we express our doubts concerning the final fate of those fishes which were
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17 thrown back into the sea. In fact, willingness to save them in that way may just accelerate
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19 their death as grabbing may cause morbidity and mortality, clashing into the water too and
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21 waves may eventually return them to the shore. On the contrary, producing a basin to
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23 allow fishes to survive a bit longer or just waiting for the next tide (which in cancer would
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25 be absence of progression or even spontaneous regression) may avoid suffering and,
26
27 finally, provide better survival. Once more, we stress the concept that the most adequate
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29 strategy, defined according to acquired evidence, must be used to treat HCC. The aim is
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31 not surgical cure, but just improved survival even if it does not come with cure.
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36 Second, in the comprehensive Table 1 of our Editorial (1), we exposed the objective
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38 elements that clinicians currently take into account when selecting the best treatment for
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40 individual patients with HCC confined to the liver. In our opinion, subjective factors, such
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42 as patient's own preference, cannot fully influence the choice made by health
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44 professionals after multidisciplinary assessment, or replace the medical responsibility.
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46 Obviously, patient's information and agreement to undergo the proposed therapy will be
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48 the following essential step before treatment application.
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52 Third, we agree with Roayaie et al. (3) that hepatic resection in some *selected* non-ideal
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54 candidates can achieve better results than guideline-recommended treatment. However,
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56 the proper selection of non-ideal patients who would benefit from surgery is an ongoing,
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58 unresolved critical issue.
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3 Thereby, although the practice of probing the territory of extended criteria for resecting
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5 HCC is currently followed by several specialized surgical teams worldwide, the time has
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7 come for prospective and less biased investigations in the field. We believe that now, more
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9 than ever before, hepatic surgeons and physicians should share the efforts to fulfill this
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11 task.
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