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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
24
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
39
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
47
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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