

Hepatocellular Carcinoma



Worldwide, hepatocellular carcinoma (HCC) is the second-leading cause of cancer mortality. It is the fifth most common cancer in men and the seventh most common in women. Between 600,000 and 1 million new HCC diagnoses are made each year. The incidence and death rates are continuing to rise in parallel with improved screening and surveillance, although individual patients may be cured with liver transplant, resection, or, occasionally, ablative therapies. Most cases of HCC can be attributed to hepatitis B, hepatitis C, and nonalcoholic steatohepatitis. Management of patients with HCC must therefore address both the malignancy and the complications associated with the damaged liver.

The choice of treatment is based on the liver cancer disease stage as well as the severity of the underlying liver disease. Patients with early-stage disease are often treated with surgical resection or liver transplantation. Local ablation, such as radiofrequency ablation, can provide effective treatment, cure in some patients, and serve as a “bridge therapy” to maintain the active status of patients on a liver transplantation list. Transarterial chemoembolization with lipiodol and chemotherapy or doxorubicin-loaded beads is often used for intermediate-stage patients. The multikinase inhibitor sorafenib (Nexavar, Bayer/Onyx)—the only medical therapy approved for HCC—is indicated for patients with unresectable disease and most commonly used in patients with moderate to good liver function with disease that is not amenable to thermal or arterial ablation, which includes some patients with metastatic disease. Many other new targeted agents are currently in development.

In this issue of *Gastroenterology & Hepatology*, we are pleased to debut a 6-issue column focusing on HCC. Dr Robert G. Gish is the Section Editor. In the first installment, Dr Gish addresses some current questions about HCC and provides insight into future areas of research. He anticipates that management will evolve based on changes in the liver organ allocation system, more widespread use of liver biopsies, and the application of “personalized medicine” to customized care. Combined therapy consisting of sorafenib with transarterial or thermal ablation may have a role in certain patients, although the candidates for combination therapy are not yet defined.

This issue covers another hepatic malignancy, hepatosplenic T-cell lymphoma, which is less common than HCC. It typically results in death within 2 years of diagnosis, even with intensive chemotherapy and bone marrow transplantation. In a feature article, Dr Michael Montgomery and colleagues describe the results of their study on the inci-

dence and patient characteristics of hepatosplenic T-cell lymphoma in The Netherlands. Dr Fatiha Nasir and coworkers discuss hepatic steatosis in another feature article that focuses on pathogenesis and prevention. Nonalcoholic hepatic steatosis affects approximately one-third of adults in the United States. Although hepatic steatosis is often considered benign, the initiation of inflammation increases the likelihood that the patient will progress to fibrosis and cirrhosis.

Our third feature article examines small-bowel endoscopic imaging using capsule endoscopy and balloon-assisted deep enteroscopy. Dr D. Matthew Cooley and colleagues detail the techniques for these procedures and evaluate the data supporting their use in gastrointestinal disorders. Several studies have found that diagnostic yields are higher when capsule endoscopy is performed before balloon-assisted deep enteroscopy in the search for small-bowel bleeds.

In our Advances in IBD column, Dr Richard Colletti discusses quality measures for children with inflammatory bowel disease. Dr Colletti describes the concerns particular to the management of this population, and he highlights ways to ensure that pediatric inflammatory bowel disease patients receive optimum treatment. Dr C. Prakash Gyawali examines the impact of the esophageal pump on fundoplication in the Advances in GERD column. In the Advances in Endoscopy column, Dr Lukejohn W. Day discusses performance of endoscopy by nonphysicians. In the United States, there has been a rise in the demand for endoscopic procedures, but the number of gastroenterologists trained to perform them has remained constant. Dr Day discusses the advantages to nonphysician performance of endoscopy, barriers to its implementation, and findings from his systematic review and meta-analysis of the literature. Finally, in the Advances in Hepatology column, Dr Stephen A. Harrison discusses the use of FibroScan in patients with hepatitis C.

May this issue provide insights that will be useful for your clinical practice.

Sincerely,

Gary R. Lichtenstein, MD, AGAF, FACP, FACG