

Recent innovations in the management of hepatocellular cancer in the setting of liver transplantation: preface

It is our great pleasure to introduce the Focused Issue entitled: “*Recent Innovations in the Management of Hepatocellular Cancer in the Setting of Liver Transplantation*”. Liver transplantation (LT) is the unique curative treatment for both Hepatocellular carcinoma (HCC) and liver cirrhosis. Twenty years have passed since the Milan criteria indicated how to select the best HCC candidates for LT (1). In the present focused issue we have underlined all the most recent evolutions in the field of LT for HCC. Centers all around the world have been involved to discuss these innovations. We asked Dr. Finkenstedt (Austria) to explain “*when is liver transplantation oncologically futile?*” (2). Dr. Vitale (Italy) reported his research on the “*selection of patients with hepatocellular cancer: a difficult balancing between priority, utility and benefit*” (3). Dr. Oldani (Switzerland) analyzed the “*enlarged selection criteria for hepatocellular cancer: is the upper limit needed?*” (4). Another important analyzed aspect was the role biomarkers as prognostic factors for selecting HCC patients waiting for LT. This issue had two important contributions in this field, namely the study by Prof. Halazun (United States) focused on the “*Role of inflammatory markers as hepatocellular cancer selection tool in the setting of liver transplantation*” (5) and the study by Dr. Lai (Italy) with “*The growing impact of alpha-fetoprotein in the field of liver transplantation for hepatocellular cancer: time for a revolution*” (6). Apart the selection criteria, the present issue also stressed the preoperative role of locoregional treatments as bridge or downstaging approached. Dr. Coletta (Italy) answered to the question if “*Bridging patients with hepatocellular cancer waiting for liver transplant: all the patients are the same?*” (7). Dr. Lucatelli (Italy) stressed the new concept of “*single injection dual phase-CBCT technique ameliorates results of trans-arterial chemoembolization for hepatocellular cancer*” (8). In the field of innovation, we reported the “*Trans-arterial radio-embolization: a new chance for patients with hepatocellular cancer to access liver transplantation—a world review*” (9). Lastly, Dr. Tsochatzis (United Kingdom) presented a study entitled “*Downstaging for hepatocellular cancer: harm or benefit?*” (10). Dr. Pinheiro (Brazil) focused on his attention on “*Living donor liver transplantation for hepatocellular cancer: an (almost) exclusive Eastern procedure?*” (11). The innovative aspect of perfusion machines was investigated by Dr. Ghinolfi (Italy), who analyzed the “*perfusion machines and hepatocellular carcinoma: a good match between a marginal organ and an advanced disease?*” (12). Dr. Manzia (Italy) analyzed the immunosuppressive regimen for HCC candidates “*Using a weaning immunosuppression protocol: a compromise between the risk of recurrence and the risk of rejection?*” (13). Lastly, we asked to Prof. Lerut (Belgium) to analyzed the “*Hepatocellular cancer and recurrence after liver transplantation: what about the impact of immunosuppression?*” (14).

The Focused Issue was superlatively introduced by prof. Lerut (Belgium) with his editorial “*hepatocellular cancer and liver transplantation: from the tower of babel towards a uniform language*” (15). We are glad that the present issue has been realized thanks to the extraordinary help of so many experts coming from several different countries all around the world. We thank all of them for their great effort and contributions.

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