

Guest Editorial

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Dear Readers and members of the transplant community, The liver is the only solid organ transplanted to cure cancer. How did we get there? At the dawn of clinical liver transplantation in the early sixties, several transplantations were performed as the last resort treatment for advanced hepatocellular cancer. As could be expected with hindsight, the recurrence rate was prohibitive, exceeding 50%, and 5-years survival barely reached 35%. These results were a serious disappointment in relation to the application of liver transplantation as a treatment for hepatocellular cancer. During the nineties, two landmark papers published, one in the *New England Journal of Medicine* by the Milan (Mazzaferro) group and one in the *Annals of Surgery* by the Paris (Bismuth) group, revolutionised the field. Better and restrictive selection criteria indeed allowed a cure for many patients as demonstrated by an impressive 84% 5-years, disease free, survival rate. Growing experience, however, made rapidly clear that access to curative liver transplantation had been denied to several patients when adhering strictly to the proposed selection, universally known as the 'Milan criteria'. Careful extension of these criteria became therefore desirable.

At the occasion of the 25th anniversary of the liver transplant program at the Cliniques Universitaires Saint-Luc in Brussels, was held a symposium concerning the place of liver transplantation in hepatobiliary oncology. Internationally renowned experts were brought together to cover the whole field of hepatobiliary oncology. The role of liver transplantation in the treatment of hepatocellular cancer in cirrhotic as well as in normal livers, cholangiocellular cancer, vascular tumours and neuroendocrine and colorectal secondaries was addressed.

These lectures form the basis of this special issue of *Transplant International*. We are confident that this issue will be of value for physicians and surgeons dealing with hepatobiliary oncology. We hope that this issue will not only contribute to improved treatment of patients presenting with hepatobiliary tumours but will also allow more patients to get access to a possible life saving liver transplant procedure.

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Figure 1 The expert panel on hepatobiliary oncology and liver transplantation gathered at the occasion of the International Symposium '25 years of liver transplantation at University Hospitals St.Luc in Brussels' (from left to right): Sh. Hwang (Seoul), V. Mazzaferro (Milan), R. Lencioni (Pisa), R. Porte (Groningen), R. Adam (Paris), G. Mentha (Geneva), J. Lerut (Brussels), A. Foss (Oslo), Ch. Rosen (Rochester), YP. Le Treut (Marseille) and O. Ciccarelli (Brussels).