

CALL FOR PAPERS

Although the treatment options for solid tumours have been increasingly expanding over the last few years, hepatobiliary cancers (i.e., hepatocellular carcinoma and biliary tract tumours) still represent a medical challenge with limited therapeutic opportunities.

Currently hepatocellular carcinoma (HCC) is the commonest primary cancer of the liver. With both an increasing incidence and mortality rate, HCC is the third cause of cancer related death worldwide.

Surgical resection and transplantation are the only potentially curative options for these patients, but unfortunately most HCC patients present with advanced disease, thus preventing any curative procedure. Besides locoregional treatments (such as TACE), sorafenib is now the only effective therapy for advanced HCC patients. However, the toxicity profile and limited results in terms of overall survival made the use of sorafenib in the clinical practice particularly challenging.

On the other hand biliary tract cancers (BTC) can be considered a rare disease. Among these tumour types adenocarcinoma of the gallbladder is the commonest, accounting for approximately 4% of all gastrointestinal malignancies. A further area of interest in this setting is cholangiocarcinoma particularly in association with sclerosing cholangitis.

Similar to HCC, surgical resection represents the only chance of cure for BTC as well and chemotherapy with platinum derivatives and gemcitabine is the only available option in order to improve clinical outcome for patients with advanced disease. However, global results in this setting are poor with less than 5% of patients alive in 1 year.

It is now evident that the therapeutic strategy is particularly relevant for the management of patients diagnosed with hepatobiliary tumours. The limited options along with the relatively low number of patients observed require in fact a constant updating of our current knowledge in order to maximize results. Researches both clinical and translational are also essential with the final aim of improving clinical outcome and preserving quality of life.

Based on these assumptions, we invite investigators to contribute to this special issue with original research articles as well as review articles investigating the current clinical management of patients diagnosed with hepatobiliary tumours and also indicating new potential strategies and innovative options.

Potential topics include, but are not limited to:

- ▶ Molecular biology of HCC and BTC as a tool for more accurate patients prognostic stratification and a potential use for the identification of novel therapeutic target
- ▶ Clinical prognostic and predictive factors for patients receiving systemic or locoregional treatments
- ▶ Current practice and standard of care for the treatment of patients with hepatobiliary cancers, including (but not limited to) the following:
 - ▶ Surgery
 - ▶ Systemic therapy (chemotherapy, targeted agents)
 - ▶ Interventional radiology
 - ▶ Radiation oncology
 - ▶ Electroporation, microwaves
- ▶ New insights into standard options, defining treatment sequence and strategy
- ▶ Clinical and translation trials indicating potential new treatment choices

Authors can submit their manuscripts via the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/grp/raht/>.

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