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Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 22652

Manuscript Type: Minireviews

Hepatic resection beyond bclc indication: When and how

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Abstract

Hepatocellular carcinoma (HCC) is the main common primary tumour of the liver and it is usually associated with cirrhosis. The Barcelona Clinic Liver Cancer (BCLC) classification has been approved as guidance for HCC treatment algorithms by the European Association for the Study of Liver (EASL) and the American Association for the Study of Liver Disease (AASLD). According to this algorithm, hepatic resection should be performed only in patients with small single tumours of 2-3 cm without signs of portal hypertension or hyperbilirubinemia. BCLC classification has been criticised and many studies have shown that multiple tumors and large tumors, as wide as those with macrovascular infiltration and portal hypertension, could benefit from liver resection. Consequently, treatment guidelines should be revised and patients with intermediate/advanced stage HCC, when technically resectable, should receive the opportunity to be treated with radical surgical treatment. Nevertheless, the surgical treatment of HCC on cirrhosis is complex: the goal to be oncologically radical has always to be balanced with the necessity to minimize organ damage. The aim of this review was to analyze when and how liver resection could be indicated beyond BCLC indication. In particular, the role of multidisciplinary

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