

My personal view: the current status of hepatic tumor therapy in China

Editorial

As a visiting surgeon or post graduated trainee, I was practiced and worked in several institutes of China and Europe. Most of the trainings and research projects aimed the specialty of liver tumor therapy. Those educations along with the accumulation of experiences from long time clinical practice contribute to my personal understanding for the currently status of hepatic cancer treatment in china. China is a country with high prevalence of Hepatitis B. In reports, the patients infected with hepatic virus B is about 20%. And different from western countries, amounts of liver cancer patients are results from HBV infection, while most of them with severe hepatic cirrhosis and even hepatic function decompensation. Another problem is, in china, the public routine screening is short of, and citizens are lack of educations for the necessity of self-health examinations. Therefore, plenty of HCC patients administrated with advanced even terminal condition, lose the chance for the early intervention, and suffer themselves from the heavy economical and medical burden. My personal opinion, what we should change is to put public health education into force, to enhance the investment of human resource and medical infrastructure on primary sanitary institutes, especially for the HBV carriers, the system of hepatic tumor screening should be wildly established with no delay.

Currently, the prevailing methods for hepatic tumor therapy including surgery resection, radio frequency ablation, TACE, molecular targeting treatment and terminal support therapy, are distributed in various research fields and well developed in china as solitary technique. Those skills were mastered by physicians from all kinds of specialties, mainly involves in hepatic surgery, radiology, oncology, and gastroenterology, et al. But generally, in certain medical institute, the unbalance development of disciplines and shortage of interdisciplinary cooperation is quite common. For this reason, patient with hepatic tumor prone to be treated with only one or two of them, and lose the chance to be managed by systemic therapy. There are situations like, the cases that are not fit to operations are still chasing the surgery resection, or the patients who should be operated but administrated with chemotherapy instead, are not uncommon. Certainly, social and economical difficulties could be the part of reason, but I thought the most important is the systemic therapy for liver tumor is unreachable in china, the platform is not build up completely, patients are not able to obtain full of the diseases and

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therapy related information from only one specific department. So, may I say not every method is well chosen for hepatic tumor patient?

China is a country with abundant of excellent traditional medical resource. For plenty of clinic diseases, TCM (traditional Chinese medicine) participants are of unique view for both diagnosis and treatment. But such therapies are basically based on theory of Chinese medicine or so-called Chinese medical philosophy. And in large extent, they are depended on the experience of physician himself. Short of objective and quantitative standards is the obstacle for it's acquisition of wide international acceptance. Nowadays, western medical therapy is the leading methodology in health care field of china. On contrarily, TCM is going to withered. How to make the TCM objective and quantifiable is the main task for both of the young TCM participants and western medical physicians. I have experienced individual HCC case with terminal stage was amazingly treated by TCM. Find the way to the amazing, and make it duplicable, only by this could we enrich the therapy of hepatic tumor with powerful fuel.

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Conflict of interest

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