

2013 Edition Preface

The first edition of the Clinical Practice Guidelines for Hepatocellular Carcinoma (2005 version) was created with the assistance of the clinical guideline assistance program of the Ministry of Health, Labour and Welfare. The reviews were favorable for Japan's first evidence-based clinical practice guidelines, and the guidelines were adopted broadly for the treatment of liver cancer.

These guidelines were revised by the Japan Society of Hepatology, leading to the publication of the second edition (2009 version) and the ever-increasing use of these guidelines.

Clinical practice guidelines that were created using evidence-based medicine (EBM) generally need to be revised every 3 to 4 years to accommodate new evidence. Revisions for the third edition (2013 version) were initiated by the Japan Society of Hepatology in September 2011. The Revision Committee comprises mostly Japan Society of Hepatology members, who are experts in the field of liver cancer treatment and include seven surgeons, five hepatologists, four radiologists, one clinical statistician, and one medical economist. Because the workload has increased compared with that during preparation of the first and second editions, we have further recruited the assistance of 15 expert advisors, and the actual work has been allocated amongst 17 working collaborators.

The topics of investigation include the prevention of hepatocellular carcinoma, diagnosis and surveillance, surgery, percutaneous ablation therapy, transcatheter arterial chemoembolization (TACE), chemotherapy, and radiation therapy. New chapters have been added for post-treatment surveillance, prevention of recurrence, and treatment of recurrent cancer. The 51 Clinical Questions (CQs) of the second edition were re-examined, and questions have been removed, integrated, or newly introduced, resulting in 57 CQs in the third edition. Seventeen CQs remain unchanged, 21 have been revised, and 19 are newly included. Each revision committee member, expert advisor, and working collaborator was assigned to work according to his/her specialty.

In principle, the guidelines have been created with respect to EBM methodology, similar to those

in the first and second editions. The personal opinions of experts were eliminated as much as possible, and efforts were made to achieve evidence-based consensus. Literature searches, which are the basis for evidence collection, were centered around the MEDLINE and PubMed databases. For the second edition, databases were searched up to June 2007, and for this edition, the range of searches has been extended to December 2011 in order to include more evidence. In recent years, the online release of reports have nearly always preceded publication; therefore, we also included articles published electronically [Epub(*sic*)] up until December 2011. A total of 6,750 articles were obtained in search results and were narrowed down to 1,648 during the primary selection process. Once the level of evidence and content were evaluated, 596 articles were accepted. Of these, 245 were also included in the first and second editions; therefore, 351 new articles have been incorporated into the third edition. Therefore, the systemization and reproducibility of the search results are now guaranteed for the third edition as well, and the search queries have also been published.

Diagnostic (surveillance) and treatment algorithms occupy a major portion of the guidelines, and survey studies conducted for revision purposes have clearly shown that they are used most often in actual care. During the revision process, feedback on revisions accumulated since the release of the second edition were considered, new evidence was incorporated into active discussions, and the focus was primarily on the maintenance of simplicity and ease-of-use.

A total of eight revision committee meetings were held until April 2013, and a draft was completed that same month. The contents were released on the Japan Society of Hepatology website from May to June to generate public comments, which were used to make any corrections. A public hearing was held concurrently during the 49th Annual Meeting of the Japan Society of Hepatology (held in Tokyo), and the content was finalized after some debate. There are plans to provide independent assessments by an external evaluation committee. Revisions for the fourth edition will also begin within 2–3 years, and evidence from January 2012 onwards will be incorporated in that edition.

As in the previous revision, these revised guidelines were funded from the limited budget of the Japan Society of Hepatology. We offer our heartfelt appreciation to the revision committee members, expert advisors, and working collaborators who worked without pay and were able to complete this monumental task while busily treating their regular patients. We are particularly thankful for the guidance of our special members, Dr. Shigeki Arii, Dr. Masatoshi Okazaki, and Dr. Masatoshi Makuuchi. We also offer our deepest gratitude to Dr. Kazuhiko Koike, Director General of the Japan Society of Hepatology, as well as the other Directors and the Secretary General Haruki Hakomori for their considerable understanding of and cooperation with the revision of these guidelines. Finally, we thank the EBM Center at The International Medical Information Center (General Incorporated Foundation) and Mr. Satoshi Watanabe, Ms. Kyoko Sugimoto, Ms. Mayumi Morizane, Mr. Takashi Mori, and Ms. Mamiko Yoshida of Kanehara Co.,Ltd. for their support.

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Norihiro Kokudo, and Kiyoshi Hasegawa

Hepato-Biliary-Pancreatic Surgery Division/Artificial Organ and Transplantation Division,
Department of Surgery, Graduate School of Medicine, University of Tokyo