

Editorial

This journal issue coincides with the 16th World Congress of the International Hepato-Pancreato-Biliary Association (IHPBA) in Cape Town from 15 to 18 May 2024. This historic occasion celebrates the first IHPBA World Congress held on the African continent. The Cape Town Congress provides comprehensive updates on the management of a broad spectrum of liver, pancreatic, and biliary diseases and includes symposia, state-of-the-art lectures, and debates. The major South African surgical and medical gastroenterology associations, Association of Surgeons of South Africa (ASSA), South African Gastroenterology Society (SAGES), South African Society of Endoscopic Surgeons (SASES), and South African Society of Gastrointestinal Nurses Society (SAGINS) will participate and have their biennial combined meeting parallel with the IHPBA meeting.

Unique and new to this IHPBA World Congress is the Legacy Initiative. With this concept, a specific hepato-pancreato-biliary (HPB)-related disease, which is prevalent and represents particular challenges on the continent or region where the meeting takes place, is highlighted. The Legacy topic for the 2024 IHPBA World Congress is hepatocellular carcinoma (HCC), a significant health burden in Africa, especially in sub-Saharan Africa (SSA) and other low- to middle-income countries. In SSA, HCC is the second and third leading cancer in men and women, respectively. More than 38 000 patients on the sub-continent were diagnosed with HCC in 2020, and almost 37 000 HCC-related deaths occurred during the same year. In high-income countries, between 40% and 50% of HCC patients undergo curative treatment, compared to less than 1% in SSA, due to either late presentation with advanced disease or resource limitations, which precludes potentially curative treatment in some patients.

The predominant risk factors for HCC in Africa are hepatitis B virus (HBV), hepatitis C virus, and aflatoxin B1. Importantly, these risk factors are preventable with the implementation of HBV birth-dose vaccination, treatment of chronic viral hepatitis, and decreasing aflatoxin B1 exposure. Screening for risk factors and surveillance of high-risk populations to identify HCC at earlier stages will increase the proportion of patients who could receive curative treatment. Although the primary focus of HCC management should be curative, the development of treatment resources should be holistic and include palliative care for patients to ensure optimal quality of life. In the SSA context, strategies to improve HCC treatment outcomes must focus on sustainable long-term improvements rather than sporadic short-term interventions. While human immunodeficiency virus (HIV), malaria, and tuberculosis have attracted significant attention and funding, viral hepatitis has not.

To optimally address these daunting challenges, a multidisciplinary approach is required to develop and

facilitate access to services across the HCC management spectrum. Therefore, the meeting will, in addition to the official IHPBA, ASSA, SAGES, SASES and SAGINS programmes, also host the three-day African Viral Hepatitis Convention (AVC), hosted by the Gastroenterology and Hepatology Association of SSA in partnership with over twenty international associations, societies, and advocacy groups. The AVC meeting focuses on improving the implementation of primary prevention of HCC, and on earlier detection to offer more patients curative treatment. In addition, a full-day session is dedicated to the challenges encountered in the surgical and interventional management of HCC in SSA. Approximately 99% of patients with HCC in SSA are primarily treated with palliative intent, often in resource-constrained circumstances. Recognising the importance of palliative care in HCC patients, the African Palliative Care Association has organised a full-day parallel meeting in collaboration with several international palliative care associations and societies.

Worldwide, HPB surgery is strengthened by partnerships, cooperation, teamwork, collegiality, and camaraderie. Sharing experience and knowledge across international borders for the benefit of patients embodies the core values of the IHPBA. The launch of the HPBridge programme, an essential and timeous IHPBA initiative, coincides with the Cape Town meeting. The programme aims to facilitate collaboration and create sustainable relationships between high and low-resourced HPB units globally. We applaud this enterprise and wish the venture success.

This journal issue is dedicated to HPB surgery. Content topics comprise a variety of current HPB themes, including resection and transplantation for HCC and important aspects of laparoscopic cholecystectomy. Moreover, salvage transjugular intrahepatic portosystemic shunting for refractory variceal bleeding, textbook outcomes in pancreatic surgery, endoscopic retrograde cholangiopancreatography in hepatic cystic *Echinococcus* and HIV are addressed. Further topics include the association between chronic pancreatitis and pancreatic cancer, the effect of preoperative biliary drainage on intraoperative biliary cultures and surgical outcomes after pancreatic resection, as well as an audit of a palliative care quality improvement process in pancreatic ductal adenocarcinoma.

We hope the academic content of the congress and the journal will provide professional enrichment and intellectual stimulation.

JEJ Krige 

Guest editor

E Jonas 

Chair: local organising committee