



Commentary on “Gallbladder Cancer: South American Experience”

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Commentary

I am glad to write a few comments about our recently published article “Gallbladder cancer: South American experience” [1].

When I was invited by Dr. Ghassan Abou-Alfa to write an article about the South American experience in gallbladder cancer (GC) I felt enthusiasm. It was an opportunity to make a contribution to this public health problem. GC is among the leading causes of death from cancer in women in many Western areas in my country Argentina [2], and in South America [3]. Based on their daily practice experience many health workers in Salta, the province where I live at the northwest of Argentina, know that GC is a local public health problem. So, the first step was to obtain the appropriate epidemiologic statistics. I invited Dr. Gentile, a well-known epidemiologist in Salta, to obtain and compare the mortality rates among the different countries and areas from South America, and to elaborate hypotheses which could explain the particular characteristics of the epidemiology of GC in our subcontinent. The following question was about the risk factors and the molecular abnormalities. Dr. Parada, and outstanding geneticist in Salta, was invited to write the second part of the article. Dr. Parada, who has been working in basic research on hepatobiliary cancer for many years, reviewed the current literature and found that many risk factors and molecular abnormalities of GC have been described by investigators from South America [4-10]. The third part, which I analysed, was related to the clinical experience. Since the clinical management of GC has been extensively covered by books and reviews of medical oncology, my goal was to look for differences in the clinical behavior between GC cases in South America and those in other regions of the world [11,12]. I have studied surgical as well as clinical series of GC in South American patients. In this part of the article I discuss the utilization of simple cholecystectomy, the most effective preventive measure, and propose it should be different than the indication in regions with a much lower GC mortality rates.

I hope our contribution to the current literature in GC stimulates our private and public institutions to increase the basic, epidemiologic, translational and clinical research of this disease which takes the lives of thousands of South American people every year. I also hope it attracts the interest of investigators who are willing to perform international collaborations. Investment in research is the best way to

allow our communities to control the problem of GC, and we look forward it to happen as a priority.

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