



EASL Recognition Award Recipient 2019: Prof. Vincenzo Mazzaferro

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Vincenzo Mazzaferro: Swimming against the current, to go the right way

As underlined by Primo Levi who, like Vincenzo Mazzaferro, studied at the University of Turin, exceptional stories and achievements are a chain of exceptional events, many of which are not under our control.¹ But the readers of the first and the friends of the second must add to this the ingredient of the exceptional attention and depth with which ordinary events and encounters are lived. Their decency – common to the writer and the surgeon and verging on shyness – does not allow them to mention it.

Vincenzo Mazzaferro was born in Novara in 1957. Very gifted and hard-working from early on, he and his wife Giuse remember that their most formative time was in the Catholic voluntary groups of their native town, helping the poor, a trait that they have both exhibited throughout their lives.

Admitted to the Medical Faculty of Turin, he topped up his scholarship with night work as theatre nurse at the Ospedale Mauriziano for Lorenzo Capussotti, a pioneer of liver surgery in Italy, where he was struck by the dismal outcomes of patients with hepatic tumours. He graduated with a thesis in 1982 on paediatric neuroblastoma, a comfortable pathway was offered to him in paediatric oncology, but he decided to follow the call to surgery, seen as a tool (indeed as one of the many necessary tools) to treat cancers.

A recurring trait of Dr Mazzaferro's early Italian career was his ability to overcome the constant current of nepotism and recommendations customary at the time. He had no Patron and was rejected in Turin; could enter the specialty in Milan, but no residency places were available for him as they were all assigned in advance. The examiner however offered him a position as a volunteer at the Istituto Nazionale Tumori, that the young Dr Mazzaferro had to fund himself with a scholarship. Underexposed to operative practice as virtually all his generation of Italian surgical trainees, he convinced his Director of the potential of liver transplantation to cure hepatic tumours at a time where this was considered a heresy. He single-handedly mounted an experimental programme at the faculty of veterinary medicine where he attracted his seniors and could learn liver transplantation on pigs. The logical consequence for the Unit was a clinical fellowship in Pittsburgh.



In 1986 Mazzaferro started with Thomas Starzl as a scholarship fellow and was integrated in a staff position for 2 further years. The atmosphere of the place, the charisma and support of the mentor could have transformed this into a permanent stay, but he had no doubt that what he had learned should be brought back to Italy, even with no stronger certainty than a temporary position in his previous Unit.

In Milan in 1990, still with no tenure, he started a pioneering and systematic programme of liver transplantation for hepatocellular carcinoma, against the current one more time, as the common credo was that all cancers were systemic disease from the start, and the immunosuppression was condemning all patients to recurrences. When the good results of what are now known as the Milan Criteria could be demonstrated, his first name on the manuscript was taken as an affront to the pyramidal rules of the Italian system. He resisted, putting his advancement at stake, but becoming the author of one of the most quoted papers of the medical literature.² From the clinical work at the time, more than having to perform sequentially both the donor and the recipient operations, he recalls the poor families ashamed to hide under the stairway to sleep, and for whom he created the association *Prometeo*, founded in part with his own income, to offer them a bed during the stay of their relatives.

After the patients, his priority has always been his team: relatively small, uncommonly young, heterogeneous in gender, origins, and characters. Few know the difficulties that he had to overcome to give a stable and dignified perspective to junior enthusiastic surgeons and hepatologists willing to concentrate on transplantation, by definition a public sector activity. Many of them live on research grants, or on scholarships from grateful families.

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oncology (a subspecialty he is contributing to create), proving far-reaching intuitions, or putting much needed order in the field of liver cancer, his most recent interest is on distributive justice in graft allocation for patients with HCC.⁴ But also, on the treatment of neuroendocrine tumours,³ strengthened by the care, the attachment and finally the loss of a patient who had become a friend, a young brilliant FMI economist who wrote one of the fundamental books against corruption.⁵

What can be learned from this biography? That hard work, intelligence and integrity, are rewarded in the end? As the opening parallel of this short biography reminds us, this is not always the case. But that without them, no good science can be done. That it is possible to maintain these qualities throughout our professional lives, despite the side-effects that more recognition and power can have. That friendship can be nurtured with patients, and that it can act as a powerful motivator for continued effort, even if what remains is only a memory. That helping people in need, with medicine but also with money, can be pursued for a lifetime without losing humility and sincerity.

Also, and less commonplace for the reader, that all this wonderful work can come out of a relatively small unit (only 7 permanent staff for an average of 50 transplants, and more than 350 liver, pancreas and other major oncological resections per year) if intellectual rigour, curiosity and tenacity are the values, and the Chief is the last to serve himself.

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