



## Jean-Claude Trinchet (1951–2014)

Professor Jean-Claude Trinchet passed away suddenly and tragically December 17. As he was a shy and reclusive person, he rarely attended international meetings and had little personal contact with the liver establishment. Nevertheless, he was recognized for his important contribution to hepatology particularly in the field of hepatocellular carcinoma (HCC), which he enlightened on different aspects of predisposition screening methods and treatment.

More than for the number (over 180) and quality of his publications he must be remembered for three reasons: (1) the rigorous methodology and scrupulous data collection that characterized the randomized trials [1–3] or observational studies he conducted: in a word for his scientific rigor; (2) his cooperative spirit smoothening human relationship and avoiding any mark of egotism: in a word for his modesty; and (3) his personal involvement in the clinical management of patients that provided him with excellent clinical awareness, experience and a strong common sense: in two words for his humanity and competence.

Jean-Claude was the principal investigator of several randomized studies that impacted the management of HCC patients [1–3]. Notably, the first important one concerning chemoembolization was not signed by him but by an acronym: GRETCH. His wish (that has not been granted) was to establish new rules for the publication of multicentric trials banishing rivalry and egotism. This trait was typical of Jean-Claude and explains why he was considered by almost every hepatologist in France as a friend. It is also why he succeeded in establishing national cohorts of patients with cirrhosis. Particularly the CIRVIR cohort (started in 2006) including more than 1600 patients with viral hepatitis either C or B that he directed until his death and that is now starting to produce a large amount of meaningful results [4,5].

The election of Jean-Claude as the leader of this cohort unique in Europe was a consequence of the general esteem that surrounded him and to his previous contribution to studies in Bondy exploring HCC predisposing factors and other complications in patients with cirrhosis divided according to etiology. Interestingly these cohorts not only helped to refine the prediction of HCC occurrence but emphasized that predisposing SNP's profiles may differ according to the cause of the underlying liver disease, an important step in the understanding of hepatocarcinogenesis.

The spirit of disinterested research that animated Jean-Claude was the basis for the success of his cooperative studies. Every hepatologist in France recognized that progress in science was his goal, not personal promotion; his name was also the guarantee of a well-designed and monitored study: an almost unique profile.

One of the reasons why the studies he conducted were relevant and contributive was his large clinical experience. His interest in the patients was not purely academical: the profound sorrow and sadness of his numerous patients is a testimony of his humanity and kindness. He never forgot that the ultimate goal of medicine, even academically, is to take care and alleviate suffering. It is not only his patients but all the team in Bondy; Nathalie Ganne, Veronique Grando, Gisèle N'Kontchou, Pierre



Jean-Claude Trinchet (1951–2014)

Nahon and Jean-Charles Nault, all those who worked with him Olivier Seror, Marianne Zioli, Jessica Zucman-Rossi and so many others deeply miss him. I met Jean-Claude, 35 years ago; we worked so closely and we shared difficulties and successes in such an unanimous way that I realize only now that we never had a dispute... a trait typical of Jean-Claude certainly (not of me) which again emphasizes his human qualities.

### References

- [1] A comparison of lipiodol chemoembolisation and conservative treatment for unresectable hepatocellular carcinoma. Groupe d'étude et de traitement du carcinoma hépatocellulaire (GRETCH). *N Engl J Med* 1995;332:1256–1261.
- [2] Randomised trial of leuprorelin and flutamide in male patients with hepatocellular carcinoma treated by tamoxifen. Groupe d'étude et de traitement du carcinoma hépatocellulaire (GRETCH). *Hepatology* 2004;40:1361–1369.
- [3] Ultrasonographic surveillance of hepatocellular carcinoma in cirrhosis: a randomised trial comparing 3 and 6 months periodicity. Trinchet J-C, Chaffaud C, Bourcier V, Degos F, Henrion J, Fontaine M. et al. *Hepatology* 2011;54:1987–1997.
- [4] Causes and consequences of portal vein thrombosis in 1243 patients with cirrhosis: results of a longitudinal study. Nery F, Chevret S, Condat B, De Rancourt E, Boudaoud L, Rantou PE et al. *Hepatology* 2015; 61:660–667
- [5] Complications and competing risks of death in compensated viral cirrhosis (ANRS C012 CIRVIR prospective cohort). Trinchet J-C, Bourcier V, Chaffaud C, Ait Ahmed M, Allan S, Marcellin P et al. *Hepatology* 2015 (in press).

Michel Beaugrand  
Liver Unit, Jean Verdier Hospital, APHP,  
University Paris 13, Bondy, France

E-mail address: [michel.beaugrand@jvr.ap-hop-paris.fr](mailto:michel.beaugrand@jvr.ap-hop-paris.fr)

