Annals of Hepatology 28 (2023) 100902

Contents lists available at ScienceDirect

Annals of Hepatology

journal homepage: www.elsevier.es/annalsofhepatology

Letter to the editor

Hepatocellular carcinoma in Colombia 2017 – 2021

After reviewing the article by Farah *et al*. on the prevalence of hepatocellular carcinoma (HCC) in Latin America [1], we believe that the Colombian experience can be complemented with individual patient care records collected by SISPRO, the official Ministry of Health administrative database [2]. During the five-year period 2017-2021, 2,244 cases of HCC in adult patients were reported nationwide; in contrast to what was reported by Farah *et al*., females accounted for 49% (n=1,099), a higher figure than 39%. The median age was 68 years, which is similar to what they describe.

With regards to etiology, 520 patients (23.2%) had the associated diagnosis of alcoholic liver disease, and 465 (20.7%) had cryptogenic cirrhosis. On the other hand, in Colombia, there are no recent studies on the prevalence of HCC in patients with autoimmune hepatitis (AIH) or primary biliary cholangitis (PBC). However, a prevalence of 1.6% to 6.6% of HCC in patients with AIH has been described in the United States [3,4]. In this registry, there were 62 cases of HCC associated with autoimmune diseases (2.7% of cases), 9 associated with AIH (0.4%), 23 (1%) with PBC, and 30 (1.3%) associated with sclerosing cholangitis.

With respect to treatment, in their paper, 6% of the patients underwent liver transplantation. The SISPRO registry reports 662 adult liver transplants during this period but does not allow us to uncover their association with HCC. However, we identified 340 patients (15%) of our cohort that were cared for in one of the 7 active authorized liver transplant centers in Colombia, which suggests that at some point they were within the reach of a multidisciplinary team that handles all available alternatives for the treatment of these patients [5].

Administrative databases have the advantage of increasing sample size and, arguably, of having a wider geographical representation than single-center studies. Limitations, of course, have to be highlighted, with the quality of information perhaps the most important one. A growing prevalence of HCC among women, who suffer higher rates of obesity, diabetes and nonalcoholic fatty liver disease, should be a trend to follow closely. We should be thinking about possible alternatives to improve the response provided to HCC [6]. One of these could be the creation of a model focused on liver neoplasms, similar to the one designed by the Colombian Ministry of Health for the diagnosis and management of Hepatitis C [7].

Declaration of interest

None.

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DOI of original article: http://dx.doi.org/10.1016/j.aohep.2022.100876.

https://doi.org/10.1016/j.aohep.2023.100902