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Hepatocellular carcinoma and the Newcastle-upon-Tyne area

To the Editor:

The cross sectional studies of hepatocellular carcinoma (HCC) in the Newcastle-upon-Tyne area may need further clarifications by the authors [1].

First, how can HCC-related mortality in this region have risen 1.8 fold in 10 years, from 2.0 to 3.7 per 100,000. Indeed, over the last decade (between 1999–2001 and 2008–2010), the UK age-standardised incidence rates have only increased by 45% and 29% in males and females, respectively. These rates are not different from those observed in Europe: 44% and 31% increases, respectively (<http://www.cancerresearchuk.org/cancer-info/cancerstats/types/liver/incidence/>). Why could the significant progresses made for early diagnosis and in treatments (e.g., sorafenib, RFA) have lacked effect on mortality?

Second, why are Dyson *et al.* not concerned with smoking? Smoking prevalence (April 2010–March 2011) is 23.8% in the Newcastle-upon-Tyne area and therefore higher than in England (20.7%) (http://www.newcastle.gov.uk/sites/drupalncc.newcastle.gov.uk/files/wwwfileroot/business/trading_standards/occasional_paper_no_49_smoking_prevalence_in_the_north_east_final.pdf). It is an independent and a dose-related contributing factor for HCC, all over the world, even in Asia [2]! The mean relative risk is 1.5 but exposure is high [3]. In France, tobacco, viral hepatitis, and alcohol are the 3 main risk factors for HCC contributing with 33%, 31%, and 26%, respectively to HCC [4].

Last, the cause of non-alcoholic fatty liver disease is still unknown, it is only a syndrome. Both obesity and insulin resistance may play a role in the process. However, (a) liver disease *per se* produces insulin resistance; (b) morbid obesity does not appear to be a cause of liver disease in large series when other known causes are carefully investigated [5]. Did Dyson *et al.*, questioned the entourage for alcohol consumption and how they recorded past history of medicine prescriptions, such as antidepressants [6,7]?

Conflict of interest

The author declared that he does not have anything to disclose regarding funding or conflict of interest with respect to this manuscript.

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