Hepatocellular carcinoma: again, tobacco is the first enemy
From GÉRARD DUBOIS and ALAIN BRAILLON*

Department of Public Health, University hospital of Amiens, Amiens, France
*Corresponding author. Hôpital Nord, 80054 Amiens CEDEX 1, France. E-mail: braillon.alain@chu-amiens.fr

Worldwide, hepatocellular carcinoma (HCC) is the fifth most common cancer and is the third most common cause of cancer mortality. Early detection and treatment are not evidence based and lack significant impact on mortality.1 In contrast, HCC’s burden can be easily reduced by policies to reduce the population’s exposure to known aetiological agents (e.g. discouraging alcohol consumption and promoting hepatitis B vaccination), or early therapeutic intervention for ‘at-risk’ individuals before development of cirrhosis.

Lee et al. confirmed the relationship between cigarette smoking and liver cancer and are questioning the US Surgeon General’s conclusion that the data are suggestive but not sufficient.2,3 Indeed, the US Surgeon General’s conclusion is surprising because Zhu et al.4 demonstrated that, even in a country with low risk of liver cancer, such as the USA, cigarette smoking is a dose-related contributing factor.

In France, the Institut National de Veille Sanitaire (French Center for Disease Control) has just issued a report stressing the role of tobacco: tobacco, hepatitis B and C viruses and alcohol are the main risk factors for ‘HCC mortality (33, 31 and 26%, respectively).’5

The burden of tobacco, which kills one out of two smokers, is denied by most clinicians. Hepatology must be added to the too long list of medical specialties (pneumology, cardiology, obstetrics, etc.), where tobacco is still and always the first enemy.

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References

Author’s Response
From SHARON SCHWARTZ, DANELLA HAFEMAN, ULKA CAMPBELL AND NICOLLE GATTO

Department of Epidemiology, Columbia University, Mailman School of Public Health, New York, NY 10032, USA
E-mail: sbs5@columbia.edu

We read with interest Jay Kaufman’s1 commentary on our paper, ‘Opening the black box: a motivation for the assessment of mediation’,2 in which he takes us to task for focusing on natural effects (i.e. description