

LETTER to the EDITOR

Hepatitis C Virus Associated Hepatocellular Carcinoma Risk

Asian Pac J Cancer Prev, 16 (6), 2585

Dear Editor

We have read the article titled 'Hepatitis C virus (HCV) prevalence and genotyping among hepatocellular carcinoma patients in Baghdad' with great interest (Al-Kubaisy et al., 2014). In their research authors aimed to determine whether HCV infection is an associated risk factor among patients with hepatocellular carcinoma. We thank to the authors for their contribution. However, we would like to report few concerns about this study from a methodological point of view.

Hepatocellular carcinoma (HCC) is the third most common cause for cancer deaths in the world and this highly mortal disease is closely associated with chronic hepatitis C virus infection (Levrero, 2006). For this reason, it is very valuable to determine HCV genotypes related HCC risk. However, prominent limitation of the current study (Al-Kubaisy et al., 2014) is the small sample size. Therefore, these findings may not be generalized to the broader community based on this study alone. Additionally, HCV genotype and quantitative viral load are two vital prognostic variables, knowledge of which may be available in the treatment option (Al-Kubaisy, 2014). However, lack of the data of quantitative HCV viral load and HCV genotypes is also an important limitation of this study. So, it would have been better, if the authors could have provided more patients' data regarding these parameters. Moreover, seronegative occult hepatitis C virus infection has been demonstrated to be related to cryptogenic chronic hepatitis and liver cirrhosis and it may be involved in the appearance of hepatocellular carcinoma (Carreño, 2014). In this case, it would have been more relevant, if the authors had evaluated the patients in terms of occult hepatitis C infection.

In conclusion, we believe that the findings of Al-Kubaisy et al. (2014) will lead to further studies concerning the HCV infection associated HCC risk. Further prospective studies with larger sample sizes are required to provide more adequate data to demonstrate the relationship between HCV and HCC.

References

- Al-Kubaisy WA, Obaid KJ, Noor NA, Ibrahim NS, Al-Azawi AA (2014). Hepatitis C virus prevalence and genotyping among hepatocellular carcinoma patients in Baghdad. *Asian Pac J Cancer Prev*, 15, 7725-30.
- Carreño V (2014). Seronegative occult hepatitis C virus infection: Clinical implications. *J Clin Virol*, 61, 315-320.
- Levrero M (2006). Viral hepatitis and liver cancer: the case of hepatitis C. *Oncogene*, 25, 3834-47.

Alpaslan Tanoglu^{1*}, Ergenekon Karagoz², Yavuz Beyazit³

¹GATA Haydarpasa Training Hospital Department of Gastroenterology, ²GATA Haydarpasa Training Hospital Department of Infectious Diseases and Clinical Microbiology, Uskudar/Istanbul, ³Canakkale State Hospital Department of Gastroenterology, Canakkale, Turkey *For correspondence: alpaslantanoglu@yahoo.com