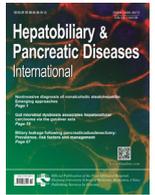




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Hepatobiliary & Pancreatic Diseases International

journal homepage: www.elsevier.com/locate/hbpd

Letter to the Editor

IL-26 and the prognosis of hepatocellular carcinoma after resection

Alain Braillon

Department of Medicine, Amiens University Hospital, Amiens 80000, France

To the Editor:

I read with interest the article by Xi et al. that IL-26 is a novel prognostic factor for hepatocellular carcinoma (HCC) after resection [1]. I have some comments on it.

First, investigation of prognostic factors is only generating hypothesis which must be confirmed in a prospective series. Indeed, post hoc analyses are, at best, involuntary p-hacking and HARKing (hypotheses after the results are known). Moreover, here, the sophistication of the statistical methods contrasted with several serious limitations: (a) only 122 patients but almost twenty variables tested; (b) use of arbitrary cut-points to derive binary subgroups for variables despite continuous distributions without obvious modal values.

Second, most basic confounding variables (e.g. tobacco, socio-economic status, etc.) were overlooked. In China, smoking is an epidemic (prevalence 50%) in males (87% of patients of this series). Smoking is an independent dose related cause of HCC which cannot be overlooked [2–4]. Smoking is not only a most frequent cause of HCC but it is also a most important factor in cancer outcomes (cancer treatment effectiveness, overall survival, recurrence, risk of second primary malignancies, and quality of life) [5].

Last, smoking is associated with increases in various biomarkers, including IL-26 [6]. Diagnosis of smoking is simple and treatment most effective when proactive: (a) motivational interviewing; (b) psychotherapy plus nicotine substitutes which combining patch plus oral forms (spray and lozenge, the belt and braces strategy) with increasing doses until suppressing craving [7]. This may be

time consuming and may need some skills but probably far less than a liver resection. Why enduring pledges for adequately caring from smokers are almost blowing in the wind [5,8]? The search for biomarkers seems a desperate headlong rush forward.

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Received 16 May 2019

Accepted 15 July 2019

Available online 26 July 2019

E-mail address: braillon.alain@gmail.com<https://doi.org/10.1016/j.hbpd.2019.07.010>

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