

Reply to: “Global trends in mortality from intrahepatic and extrahepatic cholangiocarcinoma”

To the Editor:

We thank Dr. Khan *et al.* for their interest in our work.¹ They are right in pointing out that trends in extrahepatic cholangiocarcinoma (ECC) mirror the long-term declines in gallbladder cancer,^{2,3} due to the increase in cholecystectomy. Gallbladder cancer mortality rates in the European Union, in fact, have been declining in women from 2.52/100,000 (world standard) in 1990 to 1.24 in 2015 (–51%). Comparable figures in men were 1.65 in 1990 and 1.24 in 2015 (–25%).⁴

We agree that misclassification in cancer registration, death coding and certification may have affected the incidence and mortality rates of intrahepatic cholangiocarcinoma (ICC), ECC and, mainly, their subsites. The WHO dataset did not enable the subsites of ECC to be distinguished, and the complex of hilar and perihilar CC is a larger proportion than the “historic Klatskin’s tumors”.⁵ However, due to the small overall proportion of Klatskin’s tumors reported using current methodology, this misclassification is not likely to materially affect the overall ICC/ECC trends.⁶

We also agree with the plea by Dr. Khan *et al.* that further attention should be given to the diagnosis, classification and registration of ICC and ECC, and their subsites, by hepatologists, pathologists, cancer registration and death certification systems.

Conflict of interest

The authors declare no conflicts of interest that pertain to this work.

Please refer to the accompanying ICMJE disclosure forms for further details.

Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2019.08.033>.

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