

Commentary on: “Chronic Use of Hydrochlorothiazide and Risk of Skin Cancer in Caucasian Adults: A PharmLines Initiative Inception Cohort Study”

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We read with interest the article entitled “Chronic use of hydrochlorothiazide and risk of skin cancer in Caucasian adults”(1). The findings of Haisma and colleagues are highly relevant for the whole world, although many would cite skin cancer as less common among non-Caucasians. Besides the melanin factor, this lower prevalence could also be due to lack of data and under-reporting of skin cancer in these populations. This disparity was recently highlighted by Lee, who reported lower rates of cancer screening and care among Asians compared with Caucasians (2).

We would like to highlight the importance of hydrochlorothiazide use and the risk of skin cancer in Asian populations, especially among Indians. Among the major risk factors for skin cancer, sunlight exposure and outdoor occupation are rather more common in tropical countries. Hydrochlorothiazide use is very common among Indians due its low cost. We have previously reported findings regarding non-melanoma skin cancer risk among the Indian population (3). Although the sample size ($n=180$) was small, our findings are consistent with those of Haisma et al. General use of hydrochlorothiazide did not increase the skin cancer risk; however, we observed a trend towards an association between high cumulative dose of hydrochlorothiazide ($\geq 25,000$ mg) and skin cancer risk. Our findings were also consistent with other Asian populations cited by Haisma et al. (4, 5).

Comprehensive dermatology databases and registries are lacking in many low- and middle-income countries, such as India. National registries, such as the one used by Haisma and colleagues, could potentially be a source of subgroup analysis of non-Caucasians, including Asians. It is important to explore and analyse this further, especially in the global strategy against skin cancer, particularly when there is an iatrogenic link, such as for hydrochlorothiazide use.

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The authors of the original article (Haisma MS et al.) were given the opportunity to comment in response to this Correspondence, but chose not to do so.