I read with interest the article by Irigaray et al. [1]. However, they do not mention the highly important iatrogenic causes of cancer. This is especially important given the fact that new iatrogenic causes of cancer are being increasingly identified.

For instance, patients receiving Psoralen ultraviolet A (PUVA) therapy are at an increased risk of developing skin cancers. In fact, Stern and Lange have reported that patients who receive chronic PUVA therapy are almost 30 times more likely to develop non-melanoma skin cancers in comparison to controls [2]. In another report, the risk of developing melanomas secondary to chronic PUVA therapy was increased by almost nine times [3]. Similarly, “black box” warnings were recently issued for pimecrolimus and tacrolimus. This is because of an increased incidence of melanomas and Hodgkin’s lymphomas in patients treated with topical applications of these medications [4]. Another notorious medication in this regard is chlornaphazine. Chlornaphazine was previously widely used in the management of polycythemia. Its use was associated with an increased incidence of bladder cancer [5]. Tamoxifen that is used as an adjunctive agent in the management of breast cancer also carries significant carcinogenetic potential. For instance, Mignotte et al. in a large case controlled study reported that the relative risk for developing endometrial cancer in women who were administered tamoxifen was 4.9 in comparison to women who did not receive any tamoxifen [6].

Clearly, iatrogenic causes of cancers are on the rise. Physicians and patients should be aware of these possible associations so that they can watch for possible side effects when using these medications.

References


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