Correspondence

Letter by Vorlat et al Regarding Article, “Statins and the Risk of Cancer After Heart Transplantation”

To the Editor:

We congratulate Fröhlich et al for their article on the benefits of statins after heart transplantation.1 At a time when public opinion is alarmed by reports on statin use and the possible induction of cancer, their work is timely and reassuring. Nonetheless, issues remain to be solved and might have been addressed in the population that was actually studied by the researchers.

From the ISHLT registry on adult heart transplantation it is known that freedom of cancer is higher in patients transplanted between 2001 and 2009 versus 1994 and 2000.2 Whether this is linked to the advances in currently used immunosuppressive regimens or to the use of statins is unclear. Fröhlich et al followed patients who were transplanted between 1985 and 2007. The authors describe a significant increase in the prescription of statins after the publication by Kobashigawa3 in 1995, which demonstrated the benefits of pravastatin on outcome after cardiac transplantation. In the study, no detailed information on statin use before 1995 is given. Furthermore, we agree with the authors that detailed analysis of the effect of immunosuppressive regimens on the occurrence of malignancies is hardly possible. However, comparing outcome in patients transplanted during the decade preceding the more or less general adoption of statin use could have provided interesting information. We expect that during that period, a more uniform immunosuppressive cocktail was administered, and hence the comparison between patients on statins versus those who were not treated with lipid-lowering drugs may be feasible without the confounding factor of changes in immunosuppression.

Another point of interest is the absence of lung carcinoma in the cohort described by Fröhlich et al. National registries show that lung cancer risk is increased in heart transplant recipients with a standardized incidence ratio of 2.67 (2.40–2.95), and this is highly influenced by smoking habits.4-5 Smoking habits and other environmental factors, as well as compliance with medical regimens and general health advice, are not addressed in the current study.

The findings of the present study reinforce the use of statins in cardiac transplant recipients. Besides providing protection against early severe rejection and coronary vasculopathy, statins may also improve long-term outcome and improve cancer-free survival.

Disclosures

None.

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References


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