

some patients with metastatic disease undergoing palliative radiotherapy can live longer than 5 years and have more complications. However, their reference to Pound and colleagues' work<sup>7</sup> to lend support to this supposition is not appropriate because those study participants underwent surgery several years before development of metastases, which is clearly not the case in a radiotherapy cohort. Data for patients receiving palliative radiotherapy suggest that survival beyond 3 years is rare.<sup>8</sup> Thus, the likelihood of including patients who had palliative radiation is almost zero.

Finally, we respectfully disagree with Halperin and colleagues<sup>4</sup> about their conclusion regarding the trade-off between a radiation-induced cancer and the small perioperative mortality with surgery. This comparison seems to completely disregard other complications of treatment. Our Article is not a comprehensive look at all complications and the results should not be taken in isolation when counselling patients with regards to potential toxicities after surgery and radiotherapy. Oncologists should continue to strive to examine all consequences of treatment to provide comprehensive data for informed decision-making.

I declare that I have no competing interests.

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## Epigenetics, opium, and cancer

We read with interest Farin Kamangar and colleagues' Review<sup>1</sup> in which they suggest a link between opium use and cancer risk. The authors argue that genetic polymorphisms are unlikely to confound their findings. However, many of the studies they refer to do draw attention to associations between polymorphisms and cancers. For instance, Abnet and colleagues<sup>2</sup> concluded that variants at 10q23 in *PLCE1* showed genome-wide associations for gastric cardia cancer and esophageal squamous-cell carcinoma. Moreover, most of the cited studies report odds ratios (ORs) typically between 1.2 and 1.4 per allele. Kamangar and colleagues' suggest that these ORs are indicative of a weak association between polymorphisms and cancer. Nevertheless, many different alleles have been shown to have a significant association with cancer,<sup>3,4</sup> and we believe that the association of polymorphisms and cancer should not be overlooked, even though

associations could be weak with some alleles and strong with others.

Many studies in different countries, and especially Iran, have confirmed that opium can be contaminated with lead.<sup>5–8</sup> Such contamination could be a contributing factor for the high prevalence of cancer in opium users. All but two of the 18 studies reviewed by Kamangar and colleagues were reports from Iran, but no adjustment was made for this potential confounder. Given that environmental factors are an important contributor to cancer, the results of this Review may not be generalisable to whole populations.

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