

## Letter

### Risk of Cancer in Middle-aged Patients With Gout: A Nationwide Population-based Study in Korea

To the Editor:

A cohort study conducted by Lee, *et al* published in *The Journal of Rheumatology* revealed that the hazard of overall cancer was higher in patients aged 41–55 with gout than the control group in Korea (adjusted HR [aHR] 1.224, 95% CI 1.073–1.398).<sup>1</sup> Their findings are compatible with 1 study in Korea reporting that the hazard of overall cancer was higher in patients aged  $\geq 20$  years with gout than the control group (aHR 1.053, 95% CI 1.031–1.077,  $P < 0.01$ ).<sup>2</sup> Here we address several points in the Lee, *et al* study.

In Lee, *et al*'s study, the hazard of hematologic and lymphoid malignancy was more prominent among all site-specific cancers (adjusted HR 2.849, 95% CI 1.035–7.844).<sup>1</sup> It is well known that the turnover rate of malignant hematologic and lymphoid cells is fast, causing much breakdown of these malignant cells. Therefore, hyperuricemia might develop and a gout attack might occur.<sup>3,4</sup> We reported that hyperuricemia may be an early feature of undiagnosed leukemia in adults aged 20–84 years.<sup>5</sup> Our study partially supports the association between gout and hematologic and lymphoid malignancies found in Lee, *et al*'s study.<sup>1</sup> Before diagnosis, the early characteristics of hematologic and lymphoid malignancies may be vague or nonspecific. We suggest that when a new gout attack develops in adults, the serum uric acid and the complete blood count with differential should be examined<sup>5</sup>; this will enable early detection of hematologic and lymphoid malignancies. We agree with Lee, *et al*'s<sup>1</sup> discussion that the current evidence is insufficient to conclude the association between gout and the increased risk of site-specific cancer. More studies are needed to explore this issue.

Shih-Wei Lai<sup>1</sup>, MD  
Chiu-Shong Liu<sup>2</sup>, MD  
Bing-Fang Hwang<sup>3</sup>, PhD

<sup>1</sup>Department of Public Health, College of Public Health, and School of Medicine, College of Medicine, China Medical University, and Department of Family Medicine, China Medical University Hospital;  
<sup>2</sup>School of Medicine, College of Medicine, China Medical University, and Department of Family Medicine, China Medical University Hospital;  
<sup>3</sup>Department of Occupational Safety and Health, College of Public Health, China Medical University, Taichung, Taiwan.

The authors declare no conflicts of interest relevant to this article.

Address correspondence to Prof. B.F. Hwang, Department of Occupational Safety and Health, China Medical University, No. 100, Section 1, Jing-Mao Road, Beitun District, Taichung City, 406, Taiwan.

Email: bfhwang@mail.cmu.edu.tw.

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