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Reply to Classification of biliary tract cancer (BTC): evaluation of all entities

We thank Tonini et al. for their interest in our work and agree that various subsites of biliary tract cancer (BTC) may have different risk factors, treatment approaches and prognosis [1].

However, in the International Classification of Diseases (ICD) 9th [2] and 10th [3] Revisions, neoplasms arising from intrahepatic ducts are classified within liver cancers (C22, Malignant neoplasm of liver and intrahepatic bile ducts in the ICD-10th Revision) and not biliary tract neoplasms (C23, C24 in the ICD-10th Revision). The scope for misclassification of intrahepatic duct neoplasm with primary and metastatic liver cancer is therefore unquantified but potentially substantial [4, 5].

More important, on the basis of national death certification, no distinction is possible also within various subtypes of extrahepatic BTCs. Data from several cancer registration areas worldwide are more valid and accurate [6, 7], and some distinction is possible on incidence data between extrahepatic bile ducts, gall-bladder and ampulla of Vater. We added therefore a figure to our recent work [7] showing the distribution across subsites in selected cancer registries. Apart from a few areas from India, Japan, China and Korea, most neoplasms arise from the gall-bladder, particularly in high-incidence areas. The reader should, however, also consider the variable proportion of unspecified subsites in different registries.

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