

to transform impressions into statistically meaningful figures, well-designed population-based epidemiological studies are needed. We undertook a 10-year retrospective review of patients presenting to the Prince of Wales Hospital, Shatin, with BCC. All cases of BCC between 1990 and 1999, recorded on the pathology database at the Prince of Wales Hospital were identified, and the medical records and histology reviewed. Of 184 such patients, 164 had distinctive Chinese names, indicating Chinese ethnic origin.

We determined a catchment population of just over 1 million, using Hospital Authority information, which gave an incidence figure of approximately 1.5 cases per 100 000. The sex ratio was equal, age of presentation later than in Caucasian studies, and the majority of BCC's were found to occur in the head and neck region. The major criticism of our study is that, like Cheng et al's study, it is not population-based. In Cheng et al's paper, the quoted incidence of BCC among the Hong Kong Chinese population in 1999 of 0.92 per 100 000 is significantly lower than our findings. A true population-based study may indicate an incidence even higher than determined by our study.

Incidence figures are important in public health terms, for rationalising resource allocation for both prevention and treatment. The fact is that we do not have accurate incidence figures for Hong Kong. Registration is the key.<sup>3</sup> The incidence of BCC is reported in Cheng et al's paper to be increasing. Lifestyles in Hong Kong are changing, and the increase in incidence of BCC indicated in this article is a cause for concern.<sup>4</sup> Causes and predisposing factors for BCC in Chinese patients need to be explored.

Although existing data is incomplete, both our own, and Cheng et al's study, suggest that major differences exist between Chinese and Caucasian populations

regarding BCC. Could such differences be due to genetic or environmental factors?

Recent breakthroughs in molecular biology provide a better understanding of the pathogenesis of BCC. Hedgehog pathway mutations have been linked to the pathogenesis of BCC, and Lam et al<sup>5</sup> have identified one such mutation which occurs more frequently in Chinese patients. The precise mechanisms of environmental and genetic influences, however, remain unclear.

In order to further our understanding of BCC and other NMSCs, with a view to implementing effective prevention and treatment strategies, we agree with Cheng et al that the priority has to be the establishment of a territory-wide comprehensive skin cancer registry.

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# A case of phenacetin-induced skin cancer in Hong Kong

*To the Editor*—I read with interest the article on non-melanoma skin cancer in Hong Kong.<sup>1</sup> It recalled memories of a patient I treated 20 years ago.

This patient, a Chinese merchant, aged 70 years, presented with several small lumps in the skin of both hands. Excisional biopsy of each lesion identified squamous cell carcinoma. As the lesions kept recurring, requiring many further sessions of cryosurgery, the

suspicion of constant exposure to a carcinogen was raised. Eventually, the patient admitted that he was the manufacturer of a well-known 'traditional Chinese medicine' for rheumatic bone and joint pain. The principal active ingredient was phenacetin, which he had learnt about from past study of western pharmacology—including its toxicity and carcinogenicity. In spite of my repeated earnest pleas to the contrary, the patient was convinced that the reward from phenacetin

use was worth the risk to his clients and himself. Fortunately, to keep his 'secret formula' from others, the man would only handle the preparation of the medicine himself, thus sparing his employees from excessive exposure.

After 2 years, the law caught up with him and he was jailed. The patient's skin cancer started to improve after he was forced to close his factory. However, I was unable to follow this case beyond the prison wall. Phenacetin is a well-known carcinogen.<sup>2</sup> It is usually associated with cancer of the urinary tract,<sup>3</sup> and is often related to long-term use or misuse of the drug.<sup>4</sup> This patient illustrates a unique example of phenacetin-induced skin cancer in the also unique setting of Hong Kong, where unscrupulous merchants sometimes exploit dangerous western drugs under the guise of offering traditional Chinese medicine.

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