points about OCI, screening of OCI should be taken into account, particularly in special groups like baby boomers.

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Assessing a MicroRNA Panel in Diagnosing Early Cholangiocarcinoma

To the Editor:

Dr. Li and colleagues1 are to be congratulated on the success in developing a novel method for extracting stable microRNA-laden extracellular vesicles from human bile, determining five microRNA species (miRs) (miR-191, miR-486-3p, miR-1274b, miR-16, and miR-484) using computer-based classifiers, and discriminating cholangiocarcinoma (CCA) from benign biliary diseases with a five-miRNA panel. A sensitivity of 67% and a specificity of 96% would be sufficient to use the panel in clinical practice, although use of the panel may be time-consuming and expensive. Li et al. conclude that their panel is superior to CA 19-9 in detecting early CCA, because the panel diagnosed more N0M0 tumors than CA 19-9 and two patients were correctly diagnosed as having a T1N0M0 tumor only by the panel. The outcome of surgery for CCA is affected by not only nodal status but also tumor size and tumor stage. The patients suffering from stage 1 or stage 2 intrahepatic cholangiocarcinoma (ICC) had a significantly better postoperative outcome than stage 3 patients and all other patients.3 When looking at table 1B,1 a sensitivity of the panel (55%) is the same as that of CA 19-9 in stage 1 (T1N0M0) and stage 2 (T2N0M0) tumors. Further studies enrolling stage 1/2 CCAs would be warranted because the diagnostic accuracy of an enhanced computed tomography (CT) scan and magnetic resonance imaging (MRI) for larger liver tumors is high.3

Among the five miRs making up the panel in the study by Li et al., miR-191 was found to be highly expressed also in hepatocellular carcinomas (HCCs) taken from patients, and was shown to be a potential therapeutic target.4 Conversely, higher expression of miR-486-3p in nontumor liver tissues in patients with HCC was associated with a better survival, meaning that miR-486-3p might down-regulate the growth of HCC.5 Despite advances in noninvasive diagnosis of liver nodules, it is difficult to discriminate a small (<2 cm) ICC from other small liver nodules such as HCC, focal fatty infiltration, arterioportal shunt, immature abscesses, macroregenerative nodules, hepatic tuberculosis, focal nodular hyperplasia, dysplastic nodules, hemangiomas, and metastatic nodules from other sites. Since some miRs are likely involved in the regulation of both ICC and HCC, it would be interesting to investigate whether the panel is applicable to discrimination between small ICCs and small HCCs.

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