# **LETTER TO THE EDITOR**

**Open Access** 



# The impact of fibrotic diseases on global mortality from 1990 to 2019

Henricus A. M. Mutsaers<sup>1\*</sup>, Camilla Merrild<sup>1</sup>, Rikke Nørregaard<sup>1,2</sup> and Oleguer Plana-Ripoll<sup>1,3</sup>

To the Editor.

Fibrosis, characterized by the excessive production and accumulation of extracellular matrix (ECM) proteins, is an integral part of numerous chronic diseases affecting vital organs such as the lungs, liver, heart, and kidneys [1]. Despite the diversity in their etiological underpinnings and clinical presentations, these disorders all lead to a common process of tissue remodeling and scarring. This results in the deterioration of organ structure, functional impairment, and ultimately organ failure, often requiring transplantation. While there has been a longstanding notion that fibrotic diseases might account for up to 45% of worldwide deaths, this estimate has lacked solid epidemiological backing. To address this knowledge gap, we turned to the 2019 Global Burden of Disease (GBD) study (https://www.healthdata.org) [2], aiming to uncover the actual impact of fibrotic diseases on global mortality.

From the myriad causes of death documented in the GBD, we specifically focused on conditions connected to ECM remodeling (Fig. 1A). Based on these data, a conservative estimate posits that fibrotic diseases contributed to 16.5% of all global deaths in 1990, and this percentage steadily increased over time to 17.8% in 2019

(Fig. 1A). However, emerging insights indicate that the majority of neoplasms should also be categorized as fibrotic disorders, as fibrosis plays a key role in tumor growth and metastasis [3-5]. When accounting for neoplasms, excluding acute lymphoid leukemia and acute myeloid leukemia, the overall impact of fibrotic diseases on global deaths in 1990 was 28.7%, which subsequently rose to 35.4% in 2019 (Fig. 1A, B). Among all fibrotic disorders, neoplasms and chronic obstructive pulmonary disease consistently ranked as the primary contributors to global mortality during this period (Fig. 1A). In contrast, the impact of various infectious diseases declined over time. For instance, tuberculosis, a significant contributor in 1990, saw its contribution nearly halved by 2019 (Fig. 1A, B), reflecting changing patterns in the global disease landscape over the years.

While the impact of fibrotic disorders on global mortality might be smaller than previously estimated, and we recognize that certain deaths involve factors beyond ECM remodeling and fibrosis, it remains evident that fibrotic diseases still contribute significantly to global mortality. This underscores the necessity for sustained research efforts aimed at developing effective antifibrotic treatments, as this critical need remains largely unaddressed.

\*Correspondence:

Henricus A. M. Mutsaers

h.a.m.mutsaers@clin.au.dk

<sup>&</sup>lt;sup>3</sup> Department of Clinical Epidemiology, Aarhus University and Aarhus University Hospital, Aarhus, Denmark

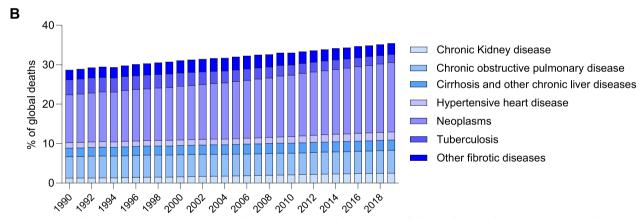


<sup>&</sup>lt;sup>1</sup> Department of Clinical Medicine, Aarhus University, Palle Juul-Jensens Boulevard 99, 8200 Aarhus N, Denmark

<sup>&</sup>lt;sup>2</sup> Department of Renal Medicine, Aarhus University Hospital, Aarhus, Depmark

Α

Rank 1990	Disease	% of all deaths		Rank 2019	Disease	% of all deaths
1	Neoplasms	12.15		1	Neoplasms	17.58
2	Chronic obstructive pulmonary disease	5.40		2	Chronic obstructive pulmonary disease	5.80
3	Tuberculosis	3.81	·	3	Cirrhosis and other chronic liver diseases	2.60
4	Cirrhosis and other chronic liver diseases	2.17		4	Chronic kidney disease	2.53
5	Hypertensive heart disease	1.40		5	Tuberculosis	2.09
6	Chronic kidney disease	1.29		6	Hypertensive heart disease	2.05
7	Rheumatic heart disease	0.78		7	Cardiomyopathy and myocarditis	0.60
8	Cardiomyopathy and myocarditis	0.51		8	Rheumatic heart disease	0.54
9	HIV/AIDS - Drug-susceptible Tuberculosis	0.25		9	HIV/AIDS - Drug-susceptible Tuberculosis	0.35
10	Gallbladder and biliary diseases	0.18	·	10	Interstitial lung disease and pulmonary sarcoidosis	0.30
11	Interstitial lung disease and pulmonary sarcoidosis	0.14		11	Non-rheumatic calcific aortic valve disease	0.22
12	Leishmaniasis	0.13	\	12	Gallbladder and biliary diseases	0.22
13	Non-rheumatic calcific aortic valve disease	0.11	*	13	Peripheral artery disease	0.13
14	Peripheral artery disease	0.06	+ /	14	Rheumatoid arthritis	0.08
15	Inflammatory bowel disease	0.05	$\overline{}$	15	Inflammatory bowel disease	0.07
16	Pneumoconiosis	0.05	X/	16	Decubitus ulcer	0.04
17	Rheumatoid arthritis	0.05	/ \/-	17	Pneumoconiosis	0.04
18	Schistosomiasis	0.04	· A	18	Multiple sclerosis	0.04
19	Multiple sclerosis	0.03	7 1	19	HIV/AIDS - Multidrug-resistant Tuberculosis without extensive drug resistance	0.03
20	Decubitus ulcer	0.03	/ *	20	Schistosomiasis	0.02
21	Chagas disease	0.02	$\overline{}$	21	Chagas disease	0.02
22	Uterine fibroids	0.01	· · · · · · · · · · · · · · · · · · ·	22	Leishmaniasis	0.01
23	Cystic echinococcosis	0.01		23	Uterine fibroids	0.01
24	Cysticercosis	2.82E-03	/	24	Cystic echinococcosis	2.39E-03
25	HIV/AIDS - Multidrug-resistant Tuberculosis without extensive drug resistance	1.43E-03	/	25	Cysticercosis	1.85E-03
26	Endometriosis	3.33E-04		26	HIV/AIDS - Extensively drug-resistant Tuberculosis	1.43E-03
27	HIV/AIDS - Extensively drug-resistant Tuberculosis	0.00		27	Endometriosis	1.59E-04
	Total	28.67			Total	35.39
	Total (without neoplasms)	16.52			Total (without neoplasms)	17.81



**Fig. 1** Impact of Fibrotic Diseases on Global Mortality from 1990 to 2019. **A** Selected causes of death and their ranking in 1990 and 2019, based on their percentage contribution to global deaths. **B** Trend of percentage of global deaths attributable to fibrotic diseases from 1990 to 2019

#### **Abbreviations**

ECM Extracellular matrix GBD Global Burden of Disease

#### Acknowledgements

Not applicable.

## Author contributions

Conceptualization: HAMM, RN. Formal analysis: all authors. Visualization: HAMM, CM, OP-R. Writing—original draft: HAMM, CM. Writing—review & editing: all authors. Supervision: HAMM, RN. All authors read and approved the final manuscript.

#### **Funding**

This study was supported by the Lundbeck Foundation (R368-2021-726).

## Availability of data and materials

All data generated or analysed during this study are included in this published article.

## **Declarations**

#### Ethics approval and consent to participate

Not applicable.

## Consent for publication

Not applicable.

## **Competing interests**

The authors declare that they have no competing interests.

Received: 30 October 2023 Accepted: 1 November 2023 Published online: 16 November 2023

#### References

- Rockey DC, Bell PD, Hill JA. Fibrosis—a common pathway to organ injury and failure. N Engl J Med. 2015;372(12):1138–49.
- Diseases GBD, Injuries C. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396(10258):1204–22.
- 3. Yamauchi M, Barker TH, Gibbons DL, Kurie JM. The fibrotic tumor stroma. J Clin Invest. 2018;128(1):16–25.
- 4. Piersma B, Hayward MK, Weaver VM. Fibrosis and cancer: a strained relationship. Biochim Biophys Acta Rev Cancer. 2020;1873(2): 188356.
- Boulter L, Bullock E, Mabruk Z, Brunton VG. The fibrotic and immune microenvironments as targetable drivers of metastasis. Br J Cancer. 2021;124(1):27–36.

#### **Publisher's Note**

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

## Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- $\bullet\,$  thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

#### At BMC, research is always in progress.

**Learn more** biomedcentral.com/submissions

