

Comment on 'Elevated preoperative neutrophil/lymphocyte ratio is associated with poor prognosis in soft-tissue sarcoma patients': neutrophil to lymphocyte ratio may be predictor of mortality in patients with soft-tissue sarcoma

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Sir,

We read with great interest the article 'Elevated preoperative neutrophil/lymphocyte ratio is associated with poor prognosis in soft-tissue sarcoma patients' by Szkandera *et al* (2013). They aimed to investigate the prognostic relevance of preoperative neutrophil/lymphocyte (N/L) ratio on time to tumour recurrence (TTR) and overall survival (OS) in soft-tissue sarcoma (STS) patients who underwent curative surgical resection. They demonstrated that elevated preoperative N/L ratio in the peripheral blood is associated with decreased TTR and OS in STS patients following curative surgery. Thanks to the authors for their contribution.

A complete blood count is an easy examination technique that gives us information about the patient's formed blood contents: the red and white cells, the platelets, the count and dimensions of subgroups of cells, and parameters like the red cell distribution width, platelet cell distribution width and mean platelet volume (Demirkol *et al*, 2012). Routine peripheral blood counts may be helpful in patients with decreased TTR and OS in STS patients following curative surgery. White blood cell (WBC) count is one of the useful inflammatory biomarkers in clinical practice. Although WBC is in normal range, subtypes of WBC like N/L ratio may predict all-cause mortality. Neutrophil/lymphocyte ratio is an easy measurable laboratory marker used to evaluate systemic inflammation. Neutrophil/lymphocyte ratio has received increased attention due to its role as an independent prognostic factor for coronary artery disease (CAD), hypertension, chronic kidney disease, diabetes, heart failure, cerebrovascular disease and peripheral

arterial disease (Demirkol *et al*, 2012). It can also be affected by the atherosclerotic risk factors such as smoking, alcohol consumption, hypercholesterolaemia, metabolic syndrome (Balta *et al*, 2013), abnormal thyroid function tests and older age. It would be better, if the authors gave information about these factors.

Furthermore, sometimes acute conditions like bacterial and viral infections or some medications such as antihypertensive therapy, including angiotensin-converting enzyme inhibitors, angiotensin receptor blocker, statins used, may influence N/L ratio (Karaman *et al*, 2013). It would be useful and results might be different, if the authors described these factors.

In conclusion, we believe that these findings will enlighten further studies about N/L ratio as a surrogate marker of predicting mortality in STS patients. Not only N/L ratio but also mean platelet volume, red cell distribution width (Demirkol *et al*, 2013), platelet distribution width, CRP, uric acid (Cakar *et al*, 2013) and γ -glutamyl transferase (Ulus *et al*, 2008) are easy markers to evaluate the predictive of STS patients (Demirkol *et al*, 2012). Finally, N/L ratio itself alone without other inflammatory markers may not give information to clinicians about the chronic endothelial inflammatory condition of the patient. So, we think that it should be evaluated together with other serum inflammatory markers.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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