Reply: Comment on 'Elevated preoperative neutrophil/lymphocyte ratio is associated with poor prognosis in soft-tissue sarcoma patients'

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Sir

We would like to thank Bhat *et al* (2013) for their interesting comments and suggestions regarding our manuscript 'Elevated preoperative neutrophil/lymphocyte (N/L) ratio is associated with poor prognosis in soft-tissue sarcoma patients'. We demonstrated that the N/L ratio is an independent prognostic marker for time to recurrence (TTR) and overall survival (OS) in a large cohort of patients with soft-tissue sarcoma (STS) (Szkandera *et al*, 2013). The N/L ratio is a cost-effective and easily determinable potential prognostic marker. Previous studies, including cardiovascular diseases and various cancer entities, showed a poor clinical outcome in patients presenting with an elevated pre-treatment N/L ratio (Bhat *et al*, 2013; Guthrie *et al*, 2013; Pichler *et al*, 2013). In general, it is supposed to reflect the systemic inflammatory response that accompanies chronic diseases, but might be influenced by many different factors, including systemic infections, atherosclerosis, hypertension, chronic renal diseases and diabetes and can be even affected by atherosclerotic risk factors and drug treatment (Buyukkaya *et al*, 2012; Kaya *et al*, 2013; Lee *et al*, 2012; Demir, 2013; Okyay *et al*, 2013). We are aware that these parameters might influence the balance between cells of the white blood cell count, especially neutrophils and lymphocytes, but most of these factors were not available for analysis in our study cohort. However, as the laboratory data, including neutrophil and leucocyte counts, were obtained by exploration within 3 days before surgery, at least acute conditions like bacterial or viral infections that would probably influence the N/L ratio can be excluded. We concur with Balta *et al* (2013) that the potential confounding factors mentioned above should be considered in further prospective studies investigating inflammatory biomarkers in various diseases to elucidate their true prognostic impact.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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