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Reply: Comment on 'A derived neutrophil to lymphocyte ratio predicts clinical outcome in stage II and III colon cancer patients'

J Szkandera¹, M Pichler¹, M Stotz¹ and A Gerger^{*,1}

¹Division of Clinical Oncology, Department of Medicine, Medical University of Graz, Auenbruggerplatz 15, 8036 Graz, Austria

We would like to thank Balta *et al* (2013) for their valuable comments and suggestions on our study 'A derived neutrophil to lymphocyte ratio predicts clinical outcome in stage II and III colon cancer patients'. The results of our study show that the derived neutrophil to lymphocyte ratio (dNLR; absolute count of neutrophils divided by the absolute white cell count minus the absolute count of neutrophils) and the neutrophil to lymphocyte ratio (NLR) are independent prognostic markers for time to recurrence and overall survival in patients with stage II and III colon cancer (Absenger *et al*, 2013). In contrast to many other previously proposed biomarkers, the dNLR and NLR are relatively cheap and easily determinable laboratory parameters, which would allow a widespread clinical use.

Recent data indicate that inflammation plays a critical role in the pathogenesis and progression of cancer. Systemic inflammatory response to tumours causes changes in the haematological components. The dNLR and NLR have recently been shown to negatively influence the clinical outcome in various cancer entities, including kidney cancer, soft-tissue sarcoma, pancreatic cancer and colon cancer (Procter *et al*, 2012; Absenger *et al*, 2013; Stotz *et al*, 2013; Szkandera *et al*, 2013; Pichler *et al*, 2013a). In most studies including our study, however, major potential confounding factors, such as local or systemic infection, ischaemia, acute coronary syndrome, metabolic syndrome, diabetes mellitus and renal or hepatic dysfunction, that might affect the neutrophil and lymphocyte counts have not been taken into account (Tamhane *et al*, 2008; Azab

et al, 2012; Buyukkaya *et al*, 2012; Biyik *et al*, 2013; Gary *et al*, 2013). As the preoperative white blood cell count was obtained within 3 days before surgery in our study, at least local or systemic infections or inflammatory diseases could be relatively reliably excluded. However, we absolutely agree with Balta *et al* (2013) that a combination of multiple serum inflammatory biomarkers such as dNLR, NLR, CRP, fibrinogen, platelet to lymphocyte ratio and all possible confounding factors should be included in further studies, preferentially in prospective trials (Shiu *et al*, 2008; Demirkol *et al*, 2013; Son *et al*, 2013; Pichler *et al*, 2013b).

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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*Correspondence: Professor A Gerger; E-mail: armin.gerger@medunigraz.at

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Comment on 'Histopathologic evaluation of liver metastases from colorectal cancer in patients treated with FOLFOXIRI plus bevacizumab'

F Bibeau^{*1}, H Gil¹, F Castan² and F Boissière-Michot¹

¹Pathology Department, Institut régional du Cancer Montpellier, 208 rue des Apothicaires, 34298 Montpellier Cedex 5, France and

²Biostatistics Unit, Institut régional du Cancer Montpellier, 208 rue des Apothicaires, 34298 Montpellier Cedex 5, France

Sir,

We read with interest the article by Loupakis *et al* (2013) entitled 'Histopathologic evaluation of liver metastases from colorectal cancer in patients treated with FOLFOXIRI plus bevacizumab' published in the June 2013 issue of the *British*

Journal of Cancer. This paper clearly underlines the positive impact of FOLFOXIRI plus bevacizumab, on the extent of both tumour regression and necrosis, in resected liver metastases from colorectal cancer (CRC). The authors conclude that the addition of bevacizumab leads to a high 'histopathologic activity' as compared

*Correspondence: Dr F Bibeau; E-mail: Frederic.Bibeau@icm.unicancer.fr