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Comments on “Neutrophil-to-Lymphocyte Ratio as a Bladder Cancer Biomarker: Assessing prognostic and Predictive Value in SWOG 8710”

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To the Editor: It was with interest that we read the article by Ojerholm et al(1) reporting a secondary analysis of the recent SWOG 8710 trial assessing cystectomy with or without neoadjuvant chemotherapy (NAC) in 317 patients with muscle invasive bladder cancer. From the analysis the authors conclude that NLR is neither a prognostic nor predictive biomarker for overall survival in muscle-invasive bladder cancer. As they acknowledge this was not consistent with previous studies that reported NLR has prognostic value in patients with bladder cancer(2-6) and with a large section of the literature which shows that NLR has prognostic value in a variety of common solid tumours, (7, 8) as well as predictive value for the effectiveness of NAC(5).

The difference between the present study and the majority of the previously published literature was that NLR was only analysed as a continuous variable. The authors justify this approach as statistically superior to analysis using standard thresholds (NLR: ≥3 and ≥5) by concluding that all other reports are biased in some way. However, there are also reports of NLR having prognostic value in prospectively collected data from clinical trials using standard thresholds, such as a NLR≥3(9-11) or ≥5(12, 13).

These data question their conclusions, in particular that previous analysis using thresholds is statistically inappropriate. Therefore, in the interest of scientific balance it would be important for the authors to also present their data using established thresholds for NLR.

References:


