

Reply to “Early interim 2-(1)fluoro-2-deoxy-D-glucose positron emission tomography is prognostically superior to peripheral blood lymphocyte/monocyte ratio at diagnosis in classical Hodgkin’s lymphoma”
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We read with interest the article by Romano *et al.*¹ entitled “Early interim 2-(1)fluoro-2-deoxy-D-glucose positron emission tomography is prognostically superior to peripheral blood lymphocyte/monocyte ratio at diagnosis in classical Hodgkin’s lymphoma”. In this study, the authors compared the absolute lymphocyte/monocyte count ratio at diagnosis (ALC/AMC-DX) recently published by us¹ with the interim 2-(1)fluoro-2-deoxy-D-glucose positron emission tomography (PET-2) in a cohort of 115 classical Hodgkin’s lymphoma (cHL) patients. In this study, the authors were able to correlate prognosis with ALC/AMC-DX ratio. However, in this cohort of 155 cHL patients, the predicting value of ALC/AMC-DX was inferior to PET-2 in predicting 2-year progression-free survival and disease-free survival. Only 10 of the 115 patients presented with an ALC/AMC-DX ratio of less than 1.1 and 91.3% presented with an ALC/AMC-DX ratio equal or greater than 1.1.² The authors raised a valid question with regard to calculating different cut-off points in different series of the ALC/AMC-DX ratio. This is a very important assessment because either data-oriented or outcome-oriented statistical methods to identify cut-off points from continuous variables are limited by the sample inter-variability. This limitation is well-described by Buettner *et al.*³ who stratified random samples of 5,093 melanoma patients from six artificial distributions to identify the best cut-off points of tumor thickness. Each random sample distribution provided different cut-off points. This is further validated by the fact that other groups are making similar observations of the prognostic ability of the ALC/AMC-DX ratio with different cut-off points in confirmation of our findings² and those of Romano *et al.*¹ Another important point to address is that even though statistical methods are used to identify new prognostic bio-markers, it is important that these new bio-markers are biologically sound to help us understand and improve clinical outcomes. This article by Romano *et*

al. continues to add more information to the growing medical literature of the impact of the peripheral blood absolute lymphocyte count and absolute monocyte count on the survival of cancer patients.⁴

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