Author responses

April 8, 2016

Dear Editor

Thank you for your helpful comments on our manuscript entitled “Prognostic value of inflammation-based markers in patients with pancreatic cancer administered gemcitabine and erlotinib” (ESPS Manuscript NO: 24766). We have revised the manuscript in accordance with your and the reviewers’ recommendations. We agree with all of the points that you have made. We have highlighted the changed text in our revised manuscript.

REVIEWERS' COMMENTS TO THE AUTHOR

The manuscript by Lee and co-workers aims to identify inflammation-based markers in patients with pancreatic cancer treated with gemcitabine and erlotinib. 82 pancreatic cancer patients were enrolled in this retrospective study. Patients received combination chemotherapy with gemcitabine and erlotinib. Multivariate analysis demonstrated that an increased neutrophil-to-lymphocyte ratio (HR 2.76, 95%CI: 1.33–5.75, P = 0.007) was an independent prognostic factor for poor overall survival. CRP/albumin ratio was related to progression free survival. The manuscript is in general well written and the topic is of interest. There are, however, major (and general) concerns.

Answer:

Thank you for your interest and kind advice. We absolutely agree with your comments about the limitation of our study. Our answers are as follows;

First, currently first line therapy for pancreatic cancer is FOLFIRINOX or nab-Paclitaxel/gemcitabine (or gemcitabine monotherapy). Gemcitabine and erlotinib is rarely used nowadays. Thus the topic is somewhat outdated.

Answer:

Thank you for your comments. In present study, the patients received chemotherapy with novel combination regimen for pancreatic cancer were not included due to limited number of patients. Although the study with gemcitabine and erlotinib therapy might be somewhat outdated, we think that it can be used as the base of further research for pancreatic cancer. And our results can be applied to

not only novel combination regimen for pancreatic cancer but also investigation of other malignancy.

Second, it is know that markers such as NLR or CRP and others are of prognostic relevance in pancreatic cancer. The present study does not add too much (although some novel information is presented).

Answer:

We absolutely agree with your opinion. In recent time, there have been many studies about NLR or PLR as prognostic markers. However, CRP/albumin ratio is a novel concept for predicting the prognosis of malignant tumor. There have been few studies about the value of CRP/albumin ratio in patients with various cancer.

Third, the authors claim to "predict a patient's response to chemotherapy" is not substantiated. It would have been interesting to compare objective tumor response to therapy (i.e. partial response) and correlation to NLR and the other markers. PFS is not the best marker for this purpose. In line with this, what about rash (which is known to be predictive to erlotinib response) and NLR ratio etc.?

Answer:

We appreciate your constructive comments. We agree with your comment that PFS is not the best marker to evaluate the response to chemotherapy. In our study, the lack of data comparing the objective tumor response is a major weak point. Moreover, we could not collect adequate information to assess the degree of rash from medical chart review. Although the results of our study are difficult to generalize to all cases of pancreatic cancer undergoing chemotherapy, they would be helpful to predict a patient's response to chemotherapy.