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**Comments On: *Haemostatic Abnormalities in Lung Cancer: Prognostic Implications*,
 Buccheri et al., Eur J Cancer, 33,
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THE SCIENTIFIC and medical community has still to find a prognostic marker or a combination of prognostic markers that could predict precisely therapeutic responses and/or life expectancy in lung cancer patients. I was therefore interested in the paper by Buccheri and associates, recently published in the *European Journal of Cancer* [1]. Although it is obviously an interesting paper, I think that it needs to be examined.

Buccheri and associates [1] found, in a population of 286 lung cancer patients, that the prothrombin index had a prognosis significance both in univariate and multivariate analysis, but that the platelet count had a weak prognostic significance (only in multivariate analysis). Such results are quite similar to those of Sorensen and associates [2], who also found, in a population of 259 lung cancer patients, a prognosis significance for prothrombin index, but not for platelet count, neither in univariate nor in multivariate analysis. I was, therefore, surprised that Buccheri and associates [1] did not even mention the results of Sorensen and associates [2], particularly since Buccheri and associates [1] concluded that they 'hope that their study will stimulate other investigators to repeat and eventually confirm that clotting abnormalities may represent a new a "constellation" of effective prognostic factors'.

Furthermore, since the prognostic significance of platelet count in lung cancer is particularly controversial [3], it is also regrettable that Buccheri and associates [1] did not even allude to this controversy. In the 'constellation' of studies which have already studied the prognostic significance of this particular laboratory parameter, some of those which included more than 200 patients suffering either from small cell

(SCLC) or from non-small cell lung cancer (NSCLC) and which used both univariate and multivariate analysis (as Buccheri and associates did [1]) might have been selected for discussion. For example, Gislason and associates [4] or Moller Pedersen [5] found a prognostic significance for platelet count in populations of SCLC and NSCLC patients (258 and 1178 patients, respectively) both in univariate and in multivariate analysis; Paesmans and associates [6], in a population of 1052 NSCLC patients, found such a prognostic significance in their univariate analysis only; and Allan and associates [7] did not find any prognostic significance for platelet count in 411 SCLC patients, neither in univariate nor in multivariate analysis.

Finally, I would like to express serious concern about the fact that, contrary to most studies published in journals clearly dedicated to laboratory medicine [8], this particular study [1] as well as many others [cited in 3] omitted detailing the methods used to determine certain laboratory parameters included in their analysis (including some of those which finally have a prognostic significance in their multivariate analysis). When one bears in mind the analytical variability of most of these laboratory parameters [9,10], one must seriously question the scientific validity of a large part of these results, particularly since any valuable comparison between most of these studies is consequently almost impossible.

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