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Letter to Editor

Reply letter to: Pitfalls and limitations of a single-centre, retrospectively derived prognostic score for phase I oncology trial participant – Reply to Füssenich et al.: A new, simple and objective prognostic score for phase I cancer patients

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We thank Olmos and colleagues for their comments. As highlighted in our discussion validation of the Nijmegen model was needed.1 Olmos and colleagues compared the Nijmegen score with the Royal Marsden Hospital (RMH) score, described by Arkenau and colleagues,<sup>2,3</sup> using the data collected from the European Drug Development Network (EDDN)<sup>4</sup> (not available online), a collaboration of 14 phase I centres in seven European countries. They used a subset of 329 patients for validation of the Nijmegen score, which was developed on 122 patients treated in one phase I centre. Because the paper on the data collected from the EDDN is not available<sup>4</sup> at this time of writing, the baseline characteristics of their set and ours cannot be compared and centres' population characteristics could be different, which may explain the different findings. The RMH score was not better than the Nijmegen score in the Nijmegen population. However, in the EDDN population the RMH score was better than the Nijmegen score. Thus, this stresses the fact that the strength of a

We agree with the proposed approach of development of a prognostic score by Olmos and colleagues by first developing a model on retrospective data, than testing this model prospectively in a small population and after that validating in a large population within several centres. However, for a more rapid development of prognostic scores we suggest to develop databases like the EDDN database that are accessible to the entire scientific community. In that way we as researchers generate a large database consisting of a lot of small datasets, which offers the possibility of quick testing and getting reliable results.

## Conflict of interest statement

None declared.

## References

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prognostic model can vary between populations in several centres. Therefore, a meta-analysis that first assesses the heterogeneity of the performance of the score over the centres before combining them in one estimate, would be better than directly pooling of data.<sup>5</sup>

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