LETTER IN REPLY

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Letter in reply: prognostic prediction by liver tissue proteomic profiling in patients with colorectal liver metastases

Response to: S Sabour. Prognostic prediction by liver tissue proteomic profiling in patients with colorectal liver metastases; rule of thumb. *Future Oncol.* 13(13), 1133–1134 (2017).

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We thank S Sabour for the interest expressed in our article [1] and we acknowledge his continuous quest to improve the design of predictive studies through several letters to journal editors during the last years, to point out methodological issues, mistakes, misconceptions and misinterpretations [2–4].

The results from our study showed that a single protein peak (7371 m/z) could differentiate colorectal liver metastases patients from control patients with a sensitivity of 94.1% and a specificity of 100%. Also, with regard to colorectal liver metastases patients prognosis after surgery, we found that the algorithm that best differentiated favorable and unfavorable groups only needed two protein peaks (2970 and 2871 m/z) to discern prognosis with a sensitivity of 100% and a specificity of 90%. These promising results, which S Sabour seems to minimize, come from a preliminary study, are not at all clinically definitive (i.e., validated) and should thus encourage further validation studies as we clearly wrote in the ‘Discussion’. We were fully aware of these design limitations from the initial moment we designed the study and that was the reason to

necessarily include some words of caution in the ‘Discussion’. Moreover, among other reasons for this prudent statement we can include that some preliminary studies can give misleading results without validation of the initial prediction (as S Sabour rightly points out) but also because validation studies (and not exploratory or preliminary studies like ours) are the ones that have the power to ascertain the strength of the relation and properly study the interaction between variables.

Disclaimer

The opinions expressed in this interview are those of the interviewees and do not necessarily reflect the views of Future Medicine Ltd.

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