Letters to the Editor
<u>**Comment on**</u>
A systematic review of predictive models for recurrence and mortality in patients with tongue cancer

Sir,

We have read with interest the recent systematic review by Palazon-Bru et al. that focused on predictive models for tongue cancer (Palazon-Bru et al., 2019). Although we agree with some of the criticisms raised regarding the BD model (Almangush et al., 2015), such as the retrospective nature of our cohort, we would like to explain that many aspects criticized in the review are irrelevant. The authors of this review stated that the BD study did not provide information about the use of chemotherapy as a treatment option (Palazon-Bru et al., 2019). It is important to note that our study included only patients with early-stage (cT1-T2N0) oral tongue squamous cell carcinoma (OTSCC), and for such cases, the primary treatment is surgery, whereas chemotherapy is not usually recommended.

Palazon-Bru et al. have mentioned that "the histological confirmation criteria may have varied over 30 years." We emphasize that the histological assessment was carried out by an observer (A.A.) and reviewed by an experienced pathologist (I.L.), and both were blinded regarding clinical information. This has been clearly explained in our study which indicated that the histological assessment was conducted at the same period. The authors of the review have also criticized that "the histopathological parameters of the Almangush models are uncommon in clinical practice." It is necessary to underline that our model includes depth of invasion, which is routinely reported in daily practice, and tumour budding, which is becoming widely recognized by pathologists as it has been officially included as an additional prognostic marker for colorectal cancer (O'Sullivan et al., 2015, Zlobec & Lugli, 2018).

Regarding sample size, the authors (Palazon-Bru et al., 2019) mentioned that the BD study has developed models "always using 10 candidate predictors, which represents the EPV less than 10." In our study, however, the 10 mentioned variables were clearly entitled as unadjusted univariate analyses (Almangush et al., 2015). We have also clearly stated in the statistical methods that "Multivariate analysis was performed to evaluate the independent prognostic strength of BD scores when adjusted to other clinicopathological covariates (age, gender, tumour stage, and tumour grade) and worst pattern of invasion."

The authors (Palazon-Bru et al., 2019) also stated that the BD study should have analysed the site of the tumour. We emphasize that our study included only oral tongue cancers, and this was clearly indicated in our article (Almangush et al., 2015).

References

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