



A new nomogram use neutrophil-to-lymphocyte ratio and fibrinogen-to-lymphocyte ratio to predict the recurrence of colorectal adenoma

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We read with interest the recent paper by He *et al.* entitled “Development and validation of a nomogram based on neutrophil-to-lymphocyte ratio and fibrinogen-to-lymphocyte ratio for predicting recurrence of colorectal adenoma” (1), which was published in *Journal of Gastrointestinal Oncology*. The author built a good nomogram with high area under the curve (AUC) incorporating six independent predictors to predict the recurrence of colorectal adenoma (CRA). However, after carefully reviewing the study, we would like to put forward some suggestions to optimize the content of the article.

First, as we know, there are many factors that affect the recurrence rate of colorectal adenoma, such as patient's age, body mass index (BMI), hyperlipidemia, operation method, pathologic types *et al.* (2-7). Age is an independent risk factor for recurrence after CRA. Research shows that the recurrence rate of CRA in patients over 70 years old is much higher than that in patients under 50 years old (35% *vs.* 19%), and the recurrence rate of postoperative CRA in elderly patients is significantly higher (2). Obesity is also a risk factor for recurrence after CRA. When the patient's BMI ≥ 30 kg/m², the recurrence rate of adenoma increased by about 17% (3). Compared with cold snare polypectomy (CSP), endoscopic mucosal resection (EMR) and other surgical methods, endoscopic submucosal dissection (ESD) has higher overall resection rate, higher accuracy of pathological results and lower local recurrence rate (5,6). In the study of He *et al.*, these key factors were not included in

the analysis, and polypectomy methods were not shown. We suggest to improve the analysis with these relevant factors and thus establish a new prediction model accordingly.

Second, the author divided the included patients into the training cohort and the validation cohort, with no external validation performed. If the effectiveness of the prediction model can be tested with external data, the quality of the article will be greatly improved.

Finally, authors claimed no publication bias existed in the research as shown in *Fig. 4* within the paper. However, more than 10 articles used the funnel plot for the assessment of publication bias (1). Furthermore, as sensitivity analysis is crucial for meta-analysis, sensitivity analysis should be conducted in order to strengthen the results.

In conclusion, He *et al.* performed an excellent nomogram model to predict the recurrence of CRA. We appreciate the contribution of the authors and believe that this is a valuable study. In our opinion, further high quality randomized controlled trials (RCTs) are needed to validate the findings.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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