Dear Editor,

We want to thank Huo and Liu [1] for their great interest in our paper [2] and for sharing their data. Indeed, thrombocytosis was repeatedly associated with a worse prognosis in patients with various cancer entities [3, 4]. Prophylactic treatment with acetylsalicylic acid does not only reduce the risk of cancer development [5] but may also reduce the risk of distant metastasis formation [6].

Following the findings of Huo and Liu [1], we performed a pooled analysis of our two cohorts comparing the overall survival (OS) of patients with thrombocytopenia (platelets <150 g/L), normal platelet count (150–350 g/L), and thrombocytosis (≥350 g/L). As shown in Figure 1, OS was significantly reduced with
increasing platelet count (thrombocytopenia: OS: 12.3 months [95% CI: 10.9–13.7], normal platelet count: OS: 6.9 months [95% CI: 5.6–8.1], thrombocytosis: OS: 3.8 months [95% CI: 2.8–4.7]; p < 0.0001).

Additionally, and in line with these findings, a large body of preclinical evidence shows the various implications of anti-platelet therapy (acetylsalicylic acid [7] as well as adenosine diphosphate receptor P2Y12 antagonists [8]) in cancer.

Therefore, we agree that a prospective randomized trial on the additive effect of anti-platelet therapy in patients with hepatocellular carcinoma is eagerly awaited.

References