Letter to the Editor

Reply to the Letter to the Editor Entitled “Too Many versus Too Few Platelets in Patients with Hepatocellular Carcinoma: Good or Bad?”

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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

Fig. 1. Comparison of OS between patients with thrombocytopenia (platelet count <150 g/L), normal platelet count (150–300 g/L) as well as thrombocytosis (platelet count ≥300 g/L)

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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

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