Letter to the Editor

Nomograms to predict overall survival for patients with endometrial carcinosarcoma

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Dear Editor, we read a very interesting article entitled “a personalized nomogram for predicting 3-year overall survival of patients with uterine carcinosarcoma in a tertiary care hospital in Southern Thailand” by Nanthamongkolkul et al. [1].

The authors presented their retrospective study analyzing a cohort of patients with uterine carcinosarcoma and how body mass index (BMI), International Federation of Gynecology and Obstetrics (FIGO) stage, and adjuvant chemotherapy can affect the 3-year overall survival. The authors combined three parameters to form their nomogram; one presenting the individual’s performance status (BMI), one presenting the tumor’s aggressiveness (FIGO stage), and one presenting the medical approach (adjuvant chemotherapy). They aimed to form a nomogram in which these parameters could predict the 3-year overall survival of patients with uterine carcinosarcoma.

Recently, Chen et al. [2] in their multivariate analysis showed that age, race, year of diagnosis, FIGO stage, and treatment type can also be associated with survival and formed a similar nomogram with a good predictive capacity. Another study formed a nomogram predicting the overall survival of patients with ovarian carcinosarcoma including the following parameters: age, grade, tumor site, surgery, and chemotherapy [3]. We would like to ask the authors whether the addition of
patients’ age and surgery might improve the prognostic performance of their nomogram.

Moreover, Gao et al. [4] revealed in their study that log odds of metastatic lymph nodes (LODDS) has a better predicting accuracy compared to the number of positive lymph nodes and lymph node ratio. They suggest that a nomogram based on LODDS can offer an accurate predictive model of the overall survival of patients with uterine carcinosarcoma [4]. A possible modification of the nomogram by the team from Thailand might include such parameters (age, surgery, and LODDS). Would such additions improve their predictive model?

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Conflict of interest

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Patient consent

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References


