Author’s response to reviews

Title: Low lymphocyte count and high monocyte count predicts poor prognosis of gastric cancer

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Version: 2 Date: 27 Apr 2018

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Mandatory:

1. Throughout the manuscript, authors use digits only for presenting data for immune cells; please include the correct units (concentration) for all parameters.

Answer: Thank you very much for your suggestions. We have added the correct units for all parameters in the manuscript, table 1 and figure 1. The revisions have been highlighted in bold print and red color.

2. A critical issue for the manuscript is the differentiation between low and high numbers leading to subsequent assessment as prognosting marker by survival analysis. The cutoff used a simply
mentioned and shown in figure 1 without any explanation. What is the rationale/basis/algorithm used in the software to extrapolate the cutoff used. Authors need to present more details concerning this issue.

Answer: Thank you very much for your suggestions. X-tile is a statistical software for cut-point selection developed by Yale University (Camp RL et al. Clin Cancer Res. 2004;10(21):7252-9.). X-tile plots provide a single, global assessment of every possible way of dividing a population into low-level and high-level marker expression. X-tile data are presented in a right triangular grid where each point represents a different cut-point. The intensity of the color of each cutoff point represents the strength of the association. The X-tile software allows the user to move a cursor across the grid and provides an “on-the-fly” histogram of the resulting population subsets along with an associated Kaplan-Meier curve. The X-tile software provides a method of dividing a single cohort into training and validation subsets for P value estimation when separate training and validation cohorts are not available. In summary, the X-tile software can provide an optimal cut off value, and according to the optimal cut off value, patients are divided into two groups which have the most significant difference in prognosis. In our present study, the optimal cut off value of absolute count of WBC, neutrophil, lymphocyte, monocyte and platelet for the prognosis of gastric cancer were calculated by X-tile software. According to the optimal cut off value, patients are divided into two groups. Then, overall survival rates were compared between the two groups. We have added the briefly introduction of the X-tile software in the manuscript. The revisions have been highlighted in bold print and red color in page 3.

Optional:

Last but not least I noted that the term H. pylori is not mentioned in the manuscript. Taken into consideration that the active chronic infection is a risk factors for gastric cancer; I wonder whether the assessment of H. pylori status might be of interest and relevance for the conclusion of this study. This thought/aspect is optional, whereas the two other issues are prerequisites for external review.

Answer: Thank you very much for your suggestion. Indeed, the term H. pylori is not mentioned in our present manuscript. In our center, the status of H. pylori was not regularly assessment
before surgery. Thus, we could not discuss the impact of H. pylori infection on the prognosis of gastric cancer. Hope for your understanding!