



Response

Letter regarding “The prognostic value of p16 and p53 expression for survival after vulvar cancer: A systematic review and meta-analysis”

Sand, Freja Lærke; Nielsen, Ditte Maria Bjerno; Frederiksen, Marie Hoffmann; Rasmussen, Christina Louise; Kjaer, Susanne K.

Published in:
Gynecologic Oncology Reports

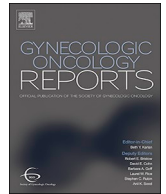
DOI:
[10.1016/j.gore.2019.100494](https://doi.org/10.1016/j.gore.2019.100494)

Publication date:
2019

Document version
Publisher's PDF, also known as Version of record

Document license:
[CC BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/)

Citation for published version (APA):
Sand, F. L., Nielsen, D. M. B., Frederiksen, M. H., Rasmussen, C. L., & Kjaer, S. K. (2019). Response: Letter regarding “The prognostic value of p16 and p53 expression for survival after vulvar cancer: A systematic review and meta-analysis”. *Gynecologic Oncology Reports*, 30, [100494]. <https://doi.org/10.1016/j.gore.2019.100494>



Correspondence

Response: Letter regarding “The prognostic value of p16 and p53 expression for survival after vulvar cancer: A systematic review and meta-analysis”


We thank Jiang et al. for their interest and their comments to our systematic review and meta-analysis of the prognostic value on p16 and p53 expression for survival after vulvar cancer.

Jiang et al. state that we have included duplicated studies in our meta-analysis and specifically mention two references - both by (Sznurkowski et al., 2016, 2017). As described in our paper (Sand et al., 2019) in the paragraph “Search results”, these studies have indeed overlapping study populations, but report different survival outcomes (overall survival and disease free survival, respectively), and were therefore both included in the paper. However, only one of the studies (Sznurkowski et al., 2016) was included in the calculated pooled estimate on overall survival according to p16 status. In our paper, overlapping study populations have systematically been identified and excluded as appropriate, therefore, to the best of our knowledge, no duplicate studies have been included in the meta-analysis.

In addition, we evaluated the quality of all studies based on Reporting Recommendations for Tumor Marker Prognostic Studies (REMARK) (Altman et al., 2012; McShane et al., 2005). The evaluation criteria are included in supplementary tables and the scores are included in Tables 1 and 3 in the main text (Sand et al., 2019). Most studies were of good quality, and we did not exclude any studies based on quality score alone. Finally, we agree with Jiang et al. about the importance of describing inclusion and exclusion criteria.

Author contribution

FLS and SKK drafted the manuscript. All authors critically revised the final draft.

Declaration of Competing Interest

SKK has received lecture fees from Sanofi Pasteur MSD and Merck,

scientific advisory board fee from Merck, and research grants through her institution from Merck.

FLS has received support for conference participation and speakers' fees from Becton Dickinson Diagnostics GmbH.

References

- Altman, D.G., McShane, L.M., Sauerbrei, W., Taube, S.E., 2012. Reporting recommendations for tumor marker prognostic studies (REMARK): explanation and elaboration. *PLoS Med.* 9 (5), e1001216.
- McShane, L.M., Altman, D.G., Sauerbrei, W., Taube, S.E., Gion, M., Clark, G.M., 2005. Reporting recommendations for tumor marker prognostic studies (REMARK). *J. Natl. Cancer Inst.* 97 (16), 1180–1184.
- Sand, F.L., Nielsen, D.M.B., Frederiksen, M.H., Rasmussen, C.L., Kjaer, S.K., 2019. The prognostic value of p16 and p53 expression for survival after vulvar cancer: a systematic review and meta-analysis. *Gynecol. Oncol.* 152 (1), 208–217.
- Sznurkowski, J.J., Zawrocki, A., Biernat, W., 2016. The overexpression of p16 is not a surrogate marker for high-risk human papilloma virus genotypes and predicts clinical outcomes for vulvar cancer. *BMC Cancer* 16, 465.
- Sznurkowski, J.J., Zawrocki, A., Biernat, W., 2017. Local immune response depends on p16INK4a status of primary tumor in vulvar squamous cell carcinoma. *Oncotarget.* 8 (28), 46204–46210.

Freja Lærke Sand^a, Ditte Maria Bjerno Nielsen^a,
Marie Hoffmann Frederiksen^b, Christina Louise Rasmussen^a,
Susanne K. Kjaer^{a,b,c,*}

^a Unit of Virus, Lifestyle and Genes, Danish Cancer Society Research Center, Strandboulevarden 49, Copenhagen, Denmark

^b Unit of Statistics and Pharmacoepidemiology, Danish Cancer Society Research Center, Strandboulevarden 49, Copenhagen, Denmark

^c Department of Gynecology, Rigshospitalet, University of Copenhagen, Blegdamsvej 9, Copenhagen, Denmark

E-mail address: susanne@cancer.dk (S.K. Kjaer).

DOI of original articles: <https://doi.org/10.1016/j.ygyno.2018.10.015>, <http://dx.doi.org/10.1016/j.gore.2019.100493>

* Corresponding author at: Unit of Virus, Lifestyle and Genes, Danish Cancer Society Research Center, Strandboulevarden 49, Copenhagen, Denmark.

<https://doi.org/10.1016/j.gore.2019.100494>

Available online 03 September 2019

2352-5789/ © 2019 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).