tter: "A ach to the

> ith eak roup ically

eneous prelimiluded all all perfotients, and

atients. disparities of showed similar tudy, also newly In fact, Facy et al³ re and we employed CRP values in third ectious complications red with ours (16.8 mg/ 2 mg/dL for PREDICS). here are some disparities ird POD median values in .42 ng/mL for IMACORS in PREDICS. Conversely the IMACORS study also verticular disease (11.6%) and tory bowel disease (2.2%) have , so PCT is expected to be higher. PREDICS, 75% of patients underscopic surgery versus nearly 30% in , and this is another reason we pect IMACORS procalcitonin levels her, not lower. Nonetheless, would be teresting to deeply understand the s of these disparities. It is to note that h studies the same measuring system has used (Brahms PCT Kryptor, Termoher Scientific, Hennigsdorf, Germany).

We think that the idea s threshold is brilliant, easuring the biomarker when the complication is already suspected, perhaps it can be done before patients discharge to make it safer or to keep the patient for further studies.

Leaving on a side the discussions about different cuts-off and different methods of making the biomarkers measurement more efficient in predicting complications, the message that should come up is: biomarkers can help the surgeon in his/her daily practice, improving patients outcomes.

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Month 2016

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