Bcl-2 protein in diffuse large B-cell lymphoma

Proteína Bcl-2 em linfoma difuso de grandes células B

Viroj Wiwanitkit

Dear Editor,

I read the recently published paper on Bcl-2 with great interest. Hallack Neto et al. concluded that “Bcl-2 protein was expressed in 37% of the high-risk DLBCL patients, without any difference between the ABC-like DLBCL and GCB-like DLBCL cases.” Indeed, the clinical value of determining Bcl-2 in B-cell lymphoma is still controversial. However, there are some problems in this work. The retrospective cohort design is not a common approach. There is also no risk classification from the analysis. The small number of subjects in this work might not be statistically acceptable for any conclusion.

REFERENCE


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RESPONSE TO LETTER TO THE EDITOR

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To the Editor

We would like to thank you very much for your attention to and comments on our trial published in issue 128(1) of this journal. As we ourselves acknowledged in the last paragraph of the discussion, the retrospective design of this trial and the small number of patients should be seen as questionable features and, therefore, our results need to be confirmed in a prospective study with more patients. However, despite the low statistical power of retrospective studies, the most important point is that such studies should be performed in order to raise questions and hypotheses for which proof may subsequently be obtained in trials with greater statistical power, in the way provided by prospective controlled trials.

Concerning the observation about the absence of risk classification from the analysis, we would like to clarify that, as described in the Methods section, all the patients enrolled in our trial were classified as intermediate-high and high risk according to the International Prognostic Index (IPI).

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