

In Reply

We thank Drs. Köstek and Demir for their interest [1] in our recently published article, “Combined Effect of Sarcopenia and Systemic Inflammation on Survival in Patients with Advanced Stage Cancer Treated with Immunotherapy” [2]. Köstek and Demir have focused on multiple factors that might affect the response to immunotherapy and highlight the complexity of biology. In this study, after controlling multiple confounding factors, including gender, checkpoint indication, number of previous treatment lines, Royal Marsden Hospital risk group, age, Eastern Cooperative Oncology Group performance status, race, number of metastatic sites, and histology, we showed that baseline sarcopenia and elevated inflammatory biomarkers may have a combined effect on decreasing survival in immunotherapy-treated patients in phase I trials. In addition to that, we listed the limitations of our work and requirement of future studies that further elucidate the biological relationship between body composition and inflammation in patients with cancer treated with immunotherapeutic agents. We agree that a deeper understanding of new biomarkers to evaluate immunotherapy outcome is required, as we stated in our conclusion. Additional investigations of the multifarious interplay between cancer, the immune system, and body composition are warranted. However, this should not limit the use of more straightforward tools for helping to predict outcomes in patients receiving existing and novel immunotherapy agents because there is no additional cost for inflammatory markers and sarcopenia assessment.

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Disclosures

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REFERENCES

1. Köstek O, Demir T. Sarcopenia and inflammation with immunotherapy. *The Oncologist* 2020;25:e875.
2. Bilen MA, Martini DJ, Liu Y et al. Combined effect of sarcopenia and systemic inflammation on survival in patients with advanced stage cancer treated with immunotherapy. *The Oncologist* 2020;25:e528–e535.

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