



Prediction of survival in patients with upper tract urothelial carcinoma

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With considerable interest, we read the article published by Qi *et al.* (1), who developed nomograms to predict the survival outcomes of patients with upper tract urothelial carcinoma (UTUC). This particular topic is an important clinical issue. As such, there are a few points that we would like to bring up.

- (I) The study included patients whose UTUC was the first tumor but did not take into account the risk of subsequent neoplasms following UTUC. However, bladder cancer recurrence after surgery for UTUC is a frequent event, which may affect patients' survival (2,3).
- (II) UTUC surgery in the Surveillance, Epidemiology, and End Results (SEER) database includes nephroureterectomy and segmental ureterectomy. Another SEER-based study has also proved that the prognosis of UTUC patients receiving these two types of surgical treatment is different (3). It would be more meaningful to stratify patients according to the type of surgery that they received; in this way, readers can easily see which surgical treatment improves UTUC patient's survival better.
- (III) SEER database provides information of four

metastatic sites (lung, liver, bone and brain), which could be considered for inclusion in Qi *et al.*'s survival models. This is because including these specific metastases sites rather than M1 stage into their prognostic model may improve its predictive ability to some extent.

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related

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to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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