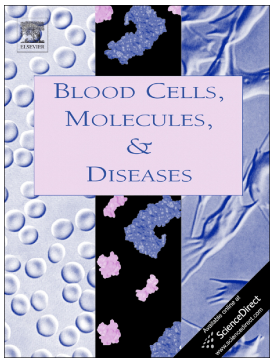

Combining information on C reactive protein and serum albumin into the Glasgow Prognostic Score strongly discriminates survival of myelofibrosis patients

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Title: Combining information on C reactive protein and serum albumin into the Glasgow Prognostic Score strongly discriminates survival of myelofibrosis patients

To the Editor:

Primary- (PMF) and secondary-myelofibrosis (SMF) are Philadelphia-chromosome-negative myeloproliferative-neoplasms characterized by strong myeloproliferation and profound inflammatory atmosphere. Myelofibrosis patients often face a significant weight loss and cachexia during disease course. Both elevated C-reactive-protein (CRP) [1, 2] and low albumin [3] were associated with advanced disease features and adverse outcomes in patients with myelofibrosis. The Glasgow Prognostic Score (GPS) [4], developed in patients with non-small-cell lung cancer, integrates information on CRP and albumin. It was associated with poor nutritional and performance status, higher comorbidity and worse prognosis in various cohorts of patients with different malignancies [4, 5]. Clinical and prognostic properties of the GPS were not previously described in the context of myelofibrosis. Therefore, we aimed to investigate prognostic properties of CRP, albumin and the GPS in patients with myelofibrosis and to assess the relationship of the GPS with disease specific features.

We retrospectively analyzed 88 patients with myelofibrosis (67 PMF, 21 SMF) that were evaluated in our institution in period from 2004 to 2018. All patients provided written informed consent for molecular analyses. The study was approved by the Institutional Review Board. Diagnoses were established by the 2016 WHO and the IWG-MRT criteria. Disease specific clinical and hematological parameters were recorded (age, gender, white-blood-cells [WBC], differential-blood-count, circulatory-blasts, hemoglobin, mean-