A response to the LENT score

We would like to congratulate Clive *et al*[1] on their contemporary data on survival in malignant pleural effusion. These data, particularly for lung cancer, will be invaluable for decision-making in cancer multidisciplinary meetings.

The LENT prognostic score (pleural fluid lactate dehydrogenase, Eastern Cooperative Oncology Group (ECOG) performance score (PS), neutrophil-to-lymphocyte ratio and tumour type) is applied to unselected patients with malignant pleural effusion. Mesothelioma-related pleural effusion would not necessarily indicate an advanced disease state, compared with, for example, urological malignancy. Did the authors consider grouping patients by availability of suitable treatments? Oestrogen receptor-positive breast cancer or haematological malignancy would be more likely to benefit from chemotherapy than lung cancer.

The authors demonstrate in their receiver operator curve analysis that the area under the curve was higher using the prognostic score than for ECOG performance status alone. If the data on haematological malignancy and mesothelioma are not included then malignant pleural effusion related to lung cancer would account for approximately 50% of the cohort used to develop the LENT score. Have the authors considered comparing the area under the curve for ECOG score and LENT score for lung cancer alone?

In our opinion, the most important conclusion from the paper is that the median survival of malignant pleural effusion in lung cancer remains extremely poor. This information should be considered by all oncologists and respiratory physicians encountering the disease and encourage prompt engagement with palliative care services.

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1 Clive AO, Kahan BC, Hooper CE, *et al*. Predicting survival in malignant pleural effusion: development and validation of the LENT prognostic score. *Thorax* 2014;69:1098–104.