values of the systemic immunity markers remain uncertain, and we used the cutoff values from previous studies (11-16, 19). Third, the most optimal prognostic marker among ALC, NLR, PLR, and LMR is uncertain, although our results suggest LMR as optimal. Therefore, our results should be confirmed by further prospective studies or studies consisting of a larger sample.

In conclusion, this study showed the efficacy and safety of sorafenib therapy in Japanese patients and the association between the systemic markers and survival benefit of sorafenib therapy. LMR may be a prognostic marker for patients with RR-DTC after receiving sorafenib therapy.

Conflicts of Interest

Shogo Nakamoto has received lecture fees from Chugai Pharmaceuticals, Eisai, and Taiho Pharmaceuticals. Masahiko Ikeda has received lecture fees from Beyer, AstraZeneca, Chugai Pharmaceuticals, Daiichi-Sankyo, Eisai, Eli-Lilly, Kyowa Kirin, Pfizer, Nippon Kayaku, Novartis, Mundipharma, Celltrion Healthcare Japan, and Sawai Pharmaceuticals outside the submitted work. The other Authors have no conflicts of interest to declare.

Authors’ Contributions

All Authors contributed to the study conception and design. Material preparation and data collection were performed, and the first draft of the manuscript was written by Shogo Nakamoto. All Authors commented on the previous versions of the manuscript and read and approved the final version.

References