

# Reply to: The potential confounding role of nutritional support

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## Dear Editor:

On behalf of all co-authors, I sincerely thank Dr. Hong for his insightful comments regarding our article and discuss the potential role of nutritional support as a confounder in our study<sup>(1)</sup>. First, we recognized the prognostic importance of nutritional and inflammatory status in our cohort, as evidenced by our inclusion of baseline albumin (ALB) and the C-reactive protein/albumin (CRP/ALB) ratio as covariates in our propensity score matching (PSM) and inverse probability of treatment weighting (IPTW) analyses. Both were identified as independent adverse prognostic factors in multivariate models. These markers were adjusted for in our models to account for baseline nutritional and inflammatory status. Moreover, our PSM and IPTW analyses successfully balanced the groups for key baseline nutritional markers, suggesting that the groups were comparable in terms of underlying nutritional risk at treatment initiation.

Second, our research indicated that the significant reduction in deaths from massive nasopharyngeal hemorrhage in the surgical group (22.8% vs. 52.6% in the conservative group,  $P < 0.001$ ). This cause of death might be directly related to the anatomical progression of necrosis and exposure/erosion of major vessels, particularly the internal carotid artery. Endoscopic surgery directly addresses this by radically removing necrotic tissue and enabling vascular protective measures (e.g., embolization, stenting). The survival benefit is thus most plausibly attributed to this mechanical and vascular control, rather than to nutritional support alone.

Furthermore, patients with nasopharyngeal carcinoma (NPC)

undergoing curative radiotherapy face over a 44% risk of malnutrition, often exacerbated by treatment-related side effects like mucositis that impair eating<sup>(2)</sup>. Nutritional support during this period significantly improves quality of life and nutritional outcomes<sup>(2)</sup>. However, for patients with nasopharyngeal necrosis (NN), treatment intensity is lower, making the specific role and impact of nutritional interventions less clear and worthy of further study.

We acknowledge Dr. Hong's suggestion that a post-hoc analysis stratifying by nutritional support intensity would be informative. Unfortunately, our retrospective dataset lacks the granular, standardized records of nutritional intervention modalities (e.g., enteral vs. parenteral, caloric intake) required for such a robust analysis. This is indeed a limitation of our study.

In response to Dr. Hong's constructive suggestion, we are exploring the feasibility of conducting a post-hoc analysis stratified by nutritional support intensity, based on available clinical records. Such an analysis would help elucidate whether the survival benefit of endoscopic surgery persists across different levels of nutritional support.

## Authorship contribution

RLX drafted and revised the letter.

## Conflict of interest

The author declares that he has no conflict of interest.

## Funding

None.

# Corrected Proof

*Reply to Response on "therapy for nasopharyngeal necrosis"*

## References

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