

2. Kelleher TB, Afdhal N. Noninvasive assessment of liver fibrosis. *Clin Liver Dis* 2005;9:667-683.
3. Lok AS, Ghany MG, Goodman ZD, Wright EC, Everson GT, Sterling RK, et al. Predicting cirrhosis in patients with hepatitis C based on standard laboratory tests: results of the HALT-C cohort. *Hepatology* 2005;42:282-292.
4. Wai CT, Greenson JK, Fontana RJ, Kalbfleisch JD, Marrero JA, Conjeevaram HS, et al. A simple noninvasive index can predict both significant fibrosis and cirrhosis in patients with chronic hepatitis C. *Hepatology* 2003;38:518-526.
5. Lackner C, Struber G, Liegl B, Leibl S, Ofner P, Bankuti C, et al. Comparison and validation of simple noninvasive tests for prediction of fibrosis in chronic hepatitis C. *Hepatology* 2005;41:1376-1382.

Copyright © 2006 by the American Association for the Study of Liver Diseases. Published online in Wiley InterScience (www.interscience.wiley.com). DOI 10.1002/hep.21037

Potential conflict of interest: Nothing to report.

Reply:

We are delighted that Lackner et al. provided external validation for our two models for predicting cirrhosis among patients with hep-

atitis C. Platelet count carried the most weight in both of these models; therefore, it is not surprising that Lackner et al. found that accuracy of platelet count alone approximated the more complex models. Our experience with both treatment-naïve patients and nonresponders with advanced liver disease indicate that platelet count alone was not as accurate as APRI or model 3, because some patients who had histological cirrhosis had normal platelet count, whereas other patients with low platelet count did not have cirrhosis on biopsy. We agree that an ideal model should perform equally well in predicting and excluding cirrhosis, but the latter itself has clinical relevance as indicated by Lackner et al.

ANNA S.F. LOK
*University of Michigan
Ann Arbor, MI*

Copyright © 2006 by the American Association for the Study of Liver Diseases. Published online in Wiley InterScience (www.interscience.wiley.com). DOI 10.1002/hep.21045

Potential conflict of interest: Nothing to report.