IMPACT OF SERUM ALBUMIN CONCENTRATION

AND NEUTROPHIL-LYMPHOCYTE RATIO SCORE ON

GASTRIC CANCER PROGNOSIS

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TABLE 1 – CLINICOPATHOLOGICAL FEATURES OF

PATIENTS WITH GASTRIC CANCER

BACKGROUND Preoperative immunological and nutritional status are significantly related to overall survival of cancer patients. Serum albumin concentration (COA) and neutrophil-lymphocyte ratio (NLR) are simple and widely

METHODS

FIGURE 1 – FLOW CHART OF THE STUDY DESIGN

INITIAL POPULATION (n=637)

January 2010 – December 2017 Patient treated in an Upper GI Surgery Unit



0,036

available measures of these status, that could help on riskstratification.

AIM Evaluate the **impact of COA-NLR score** on the prognosis of gastric cancer (GC) patients submitted to curative-intent resectional surgery.

68 (59-76)

226 (57,1%)

RESULTS

Age at surgery

Male

Gender

[years, median (IQR)]

| score on the | EXCLUSION CRITERIA 55 - Non resect 51 - Pathologica 25 - Histologic t adenocarcinoma 23 - Completion | ional Surgery al stage IV type other than | LOST FOLLOW-UP (N=12) | | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|--|--|
| nts submitted to | 13 - Prophylacti 8 - Atypical ga 4 - Post endose 2 - R2 resectio | strectomy copic resection | | | |
| | CASES INCLUDED (n=396) | | | | |
| Table 2 – Survival analysis | Hazard Ratio | 95%CI | P values | | |
| OVERALL SURVIVAL (OS) | | | | | |
| COA | 1,130 | 1,086-1,176 | <0,001 | | |

1,004-1,222

EVALUCION ADITEDIA (NI-220)

1,061

| Female | 170 (42,9 | 9%) | | | | , | | , |
|--------------------------------------|-----------|-----|----------|-----------------------------------|-----------------------------------|-------------|-----------------------|------------------------------------------|
| Surgery approach | ۰. | | CO | COA-NLR | | 2,072 | 1,531-2,805 | <0,001 |
| Open | 201 (50,8 | 3%) | | | 4 500 | | 0.005 | |
| Laparoscopic | 195 (49,2 | 2%) | COA- | NLR adjusted to pStage and | age | 1,566 | 1,145-2,143 | 0,005 |
| Pathological stage | | | | | | | | |
| | 182 (46,0 |)%) | DISEASE | FREE SURVIVAL (DFS) | | | | |
| II | 95 (24,0% | 6) | CO | A | | 1,076 | 1,016-1,142 | 0,013 |
| III | 118 (29,8 | %) | CO | A-NLR | | 1,674 | 1,115-2,513 | 0,013 |
| | | | | | | | | |
| COA-NL | .R SCORE | | FIGUR | E 2 – OVERALL SURVIVAL AND | D DISEASE FI | REE SURVIVA | L, ACCORDING TO COA | -NLR SCORE |
| | | | | Overall Survival | | | Disease Free Survival | |
| Score 0 COA (≥35 g/L) + NL | R<2,585 | 87 | | | COA-NL Score Score Score | | | COA-NLR Score 0 Score 1 Score 2 |
| Score 1 | | | | | | | |] |
| COA (≥35 g/L) + NL | _R≥2,585 | 82 | ttive St | | | 0,6 S | | |

NLR



CONCLUSION

Higher COA-NLR score was significantly associated with worse OS and DFS.

COA-NLR was an independent prognostic factor when adjusted to pStage and age.

COA-NLR score is an easily way to stratify patients with higher risk of poor prognosis after surgery.