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E-Poster Display

1473P - Parameters of complete blood count might predict the prognosis of patients with advanced gastric cancer

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Abstract 1473P

Background

Metastatic gastric cancer is a common disease with poor prognosis. In this disease, estimating the prognosis with a simple complete blood count has attracted attention in many studies. However, the results of the studies are incompatible with each other and no definitive conclusion has been obtained. The aim of the current study is to evaluate the relationship between parameters in the complete blood count and disease prognosis in patients with advanced gastric cancer (AGC).

Methods

Between 2009 and May 2019, the files of patients with AGC were retrospectively evaluated. All of the patients had histopathological diagnosis of gastric adenocarcinoma. Patients with concomitant haematological disease and previously using drugs that might affect complete blood count were excluded from the study. Blood counts of the patients were examined before receiving any treatment at the time of diagnosis of AGC. All parameters derived from complete blood count and defined in literature were evaluated in this study. These were: neutrophil lymphocyte ratio (NLR), platelet lymphocyte ratio (PLR), monocyte lymphocyte ratio (MLR), systemic immune-inflammation index (SII), haemoglobin, lymphocyte, platelet. The patients were divided in two subgroups according to the median values of NLR, PLR, MLR and SII.

Results

A total of 105 patients with AGC were included in the study. There was no relationship between survival and anaemia (hgb <12gr / dl), thrombocytopenia (100.000 / µL), leukopenia (<4000 / µL) and lymphopenia (1000 / µL) (P = 0.29, P = 0.49, P = 0.53, P = 0.29, respectively). There was a statistically significant relationship between NLR (P = 0.008), PLR (P = 0.019), MLR (P = 0.06) and overall survival; there was no significant result with SII (P = 0.375). While the median survival was 14.6 months in the patients in the low NLR group, this rate was 7.9 months in the high group. Likewise, in the group with low PLR and MLR, the mean survival of the patients was 12.7 and 14.6 months, respectively. Median survival in patients with high PLR and MLR was 8.2 and 7.9 months, respectively. Multivariate analysis showed that NLR was an independent predictor of overall survival.

Conclusions

Through the parameters derived from complete blood count, NLR appears to be a promising prognostic marker in patients with AGC.

Osman Sütçüoğlu.

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Disclosure

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