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The Combination Of Blood Inflammatory Indexes Predicts Survivals In Patients Undergoing Resection For Intrahepatic Cholangiocarcinoma

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Background : Systemic inflammation is important in the development of intrahepatic cholangiocarcinoma(iCCA). However, controversial results exist on the role of inflammatory scores. Our aim was exploring the value of these indexes in predicting the prognosis of resected iCCA patients.

Methods : A retrospective cohort undergoing liver resection between January 2010 and January 2021 was analyzed. Neutrophil-to-lymphocyte ratio(NLR), lymphocyte-to-monocyte ratio(LMR), platelet-to-lymphocyte ratio(PLR), and all the traditional clinic-pathological prognostic factors were recorded. NLR, LMR and PLR cut-off values were calculated by using the Yale X-tile software. Kaplan-Meier and Cox regression analyses were conducted.

Results : A total of 101 patients were considered. NLR>3.83 and LMR<2.28 were associated with worse survival, while PLR was not. Patients were divided into two groups: 68(67.3%) patients in the low-risk group (NLR<3.83 and LMR>2.28) and 33(32.7%) patients in the high-risk group (having at least one or both worse prognostic ratios). After a median follow-up of 44.6 months (IQR 29.6-95.7), 5-year survival was 22.2% for low-risk group and 9.0% for high-risk group (P=0.008). At multivariate analysis, being more than 65 year-old (HR=2.149;95%CI=1.086-4.255), elevated Ca19.9 (HR=2.102;95%CI=1.165-3.793) and being in the high-risk group (HR=1.92;95%CI=1.045-3.532) were associated with worse survival. A patient with elevated Ca19.9 in the high-risk group had 2.063 HR of mortality (P=0.042) and 2.216 HR of disease recurrence (P=0.007).

Conclusions : The combination of blood inflammatory indexes determined two survival-risk profiles. Adding Ca19-9 identified patients at increased risk of recurrence.

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