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# AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE  
PALAZZO DEI CONGRESSI

 Associazione Italiana  
Radioterapia e Oncologia clinica

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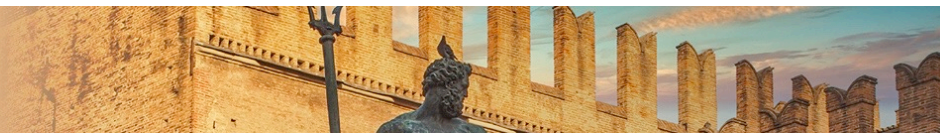
# AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

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## **Predictive and prognostic value of inflammatory markers in LARC patients undergoing neoadjuvant chemoradiotherapy – a retrospective multicentric analysis by AIRO Gastrointestinal Study Group**

Silvia Mariani, MD



## DICHIARAZIONE

Relatore: Silvia Mariani

Come da nuova regolamentazione della Commissione Nazionale per la Formazione Continua del Ministero della Salute, è richiesta la trasparenza delle fonti di finanziamento e dei rapporti con soggetti portatori di interessi commerciali in campo sanitario.

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(NIENTE DA DICHIARARE)**
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Altro

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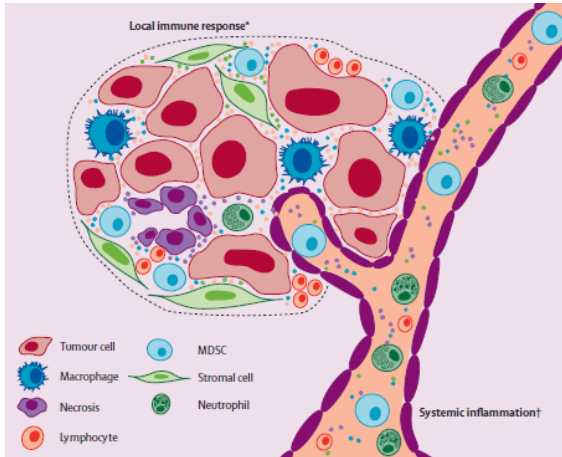
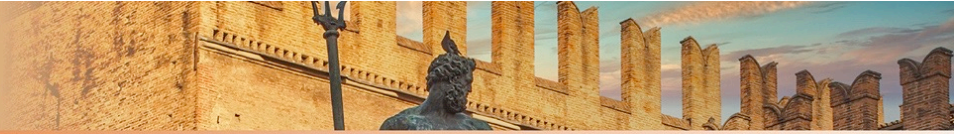


15-30% pCR  
Local excision  
Watch & wait

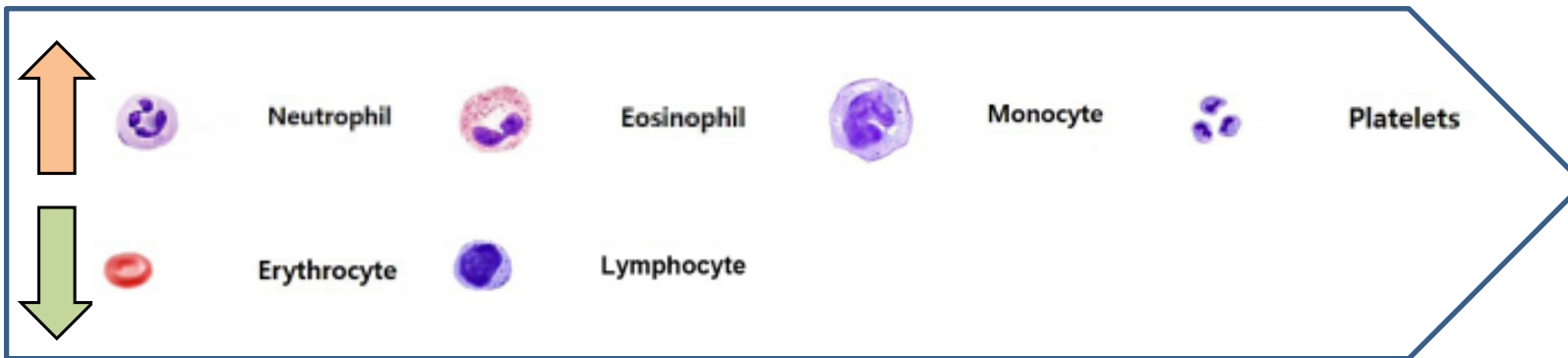


Distant metastases  
(65% 5yOS)  
Adj CT  
TNT

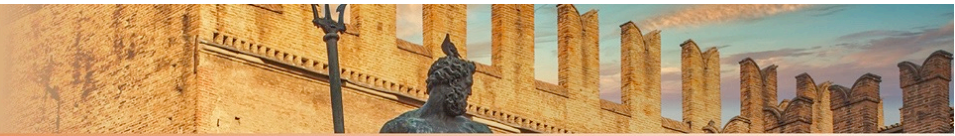
## THE GOOD THE BAD AND THE UGLY



- Need for patient-tailored treatments
- Peri-tumoral environment and inflammation  
*cancer initiation, promotion, progression*
- Blood cells inflammatory markers



**NLR – N/L**  
**PLR – P/L**  
**MLR – M/L**  
**SII - PxN/L**  
**HEI - SII, Hb, Eos**

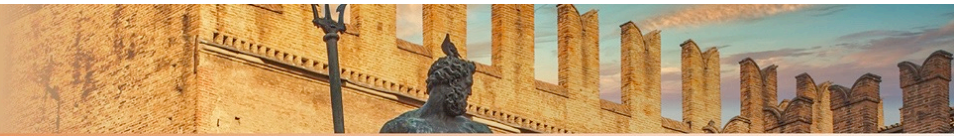


LARC  
 nCRT  
 NLR  
 MLR  
 PLR  
 SII

First author (year)	Patients n°	Endpoints	Evaluated markers	Cut-off	p-value	Statistics, comments
Carruthers R (2012)	115	<b>OS, DFS, TTLR</b>	<b>NLR, PLR</b>	5	0.001, 0.002, 0.014	HR 7.0, 4.1, 3.8
Kim IY (2014)	102	<b>ypTNM</b>	<b>NLR</b>	3	0.04	HR 5.2
Shen L (2014)	199	<b>OS, DFS, ypTNM</b>	<b>NLR</b>	2.8	0.018	HR 2.123
Nagasaki T (2015)	201	<b>OS, RFS</b>	<b>NLR</b>	3	0.012	HR 3.38
Shen J (2017)	202	<b>OS, DFS</b>	<b>NLR</b>	n.s.	n.s.	-
Zhao J (2017)	100	<b>OS</b>	<b>LMR, NLR, PLR</b>	3	0.002	HR 0.43
Vallard A (2018)	257	<b>OS, PFS, LR, TRG</b>	<b>NLR</b>	2.8	0.02, 0.006, 0.03	HR 2.23, 2.21, 14.7
Zhang X (2018)	76	<b>OS</b>	<b>NLR</b>	2	0.025	HR 7.707
Braun LH (2019)	220	<b>DFS</b>	<b>NLR, LMR, PLR</b>	4.06	0.017	HR 0.3
Dudani S (2019)	1237	<b>pCR, OS, DFS</b>	<b>NLR, PLR</b>	n.s.	n.s.	-
Kim TG (2019)	176	<b>TRG, OS, DFS</b> <b>TRG, OS, DFS</b>	<b>NLR</b> <b>PLR</b>	2 133.4	0.008, 0.027, 0.014 <0.001	-
Lee J H (2020)	549	<b>OS, DFS</b>	<b>NLR, PLR</b>	n.s.	n.s.	Significance only in MSI cases
Sun Y (2020)	100	<b>TRG</b>	<b>NLR, PLR, SII</b>	3.05 145.98	0.028 0.038	OR 4.025 OR 4.337
Timudom K (2020)	111	<b>ypT, NAR</b>	<b>NLR, MLR, PLR</b>	n.s.	n.s.	-
Zhang Y (2020)	472	<b>OS, DFS</b>	<b>NLR, SII, MLR, PLR</b>	2.3	0.046, 0.044	HR 1.797, 1.707
Eraslan E (2021)	188	<b>pCR</b>	<b>SII, NLR, LMR, PLR</b>	748	0.047	OR 0.471
Wang Y (2021)	273	<b>TRG, OS, DFS</b>	<b>PLR, NLR, LMR</b>	-	0.013	HR 0.992

Which markers?  
 With which cut-offs?



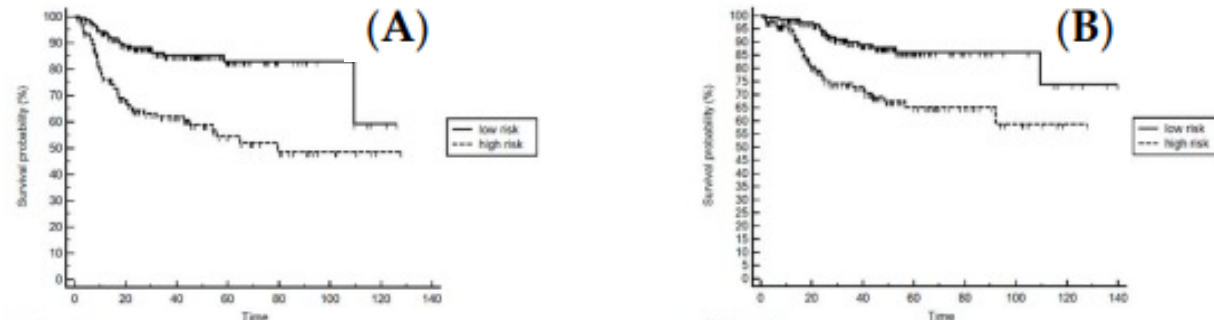


## HEI (Anal cancer > CRT)

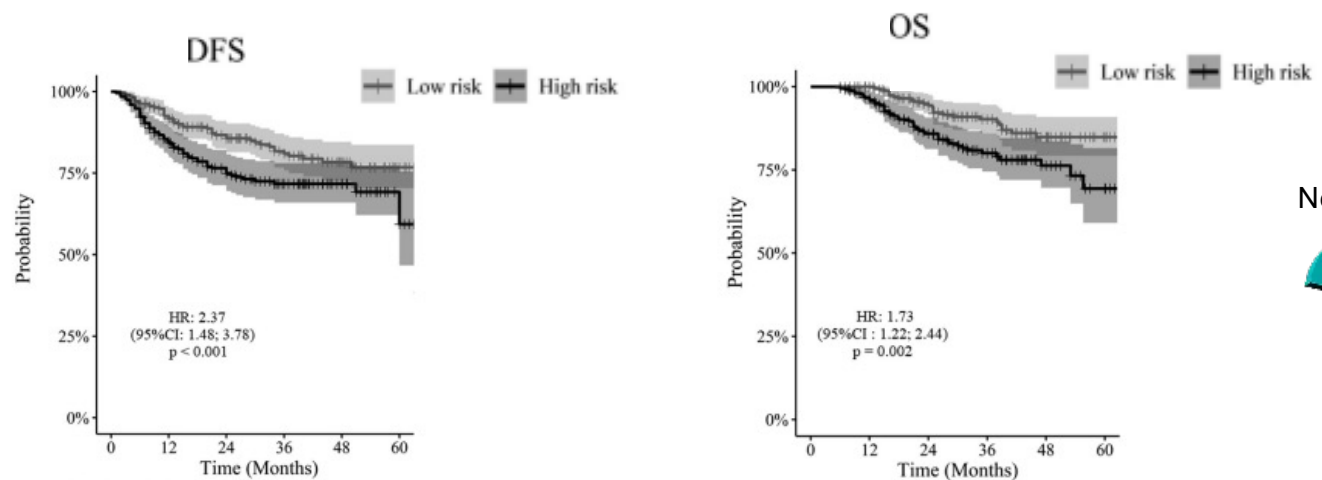
Sum of 3 scores (0-1):

- SII (=1 if >560)
- Hb (=1 if <12)
- Eos (=1 if >100)

0-1 low-risk  
 2-3 high-risk



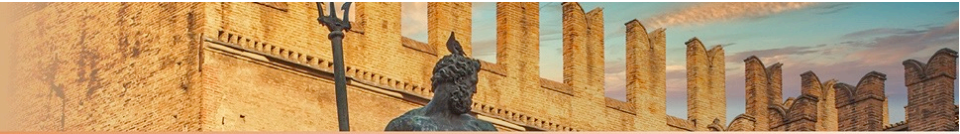
**Figure 1.** Kaplan–Meier curves for disease-free (A) and overall (B) survival in high- and low-risk groups according to the HEI index.



New markers?



Rimini M, Cancers 2021  
 Franco P, CTRO 2022



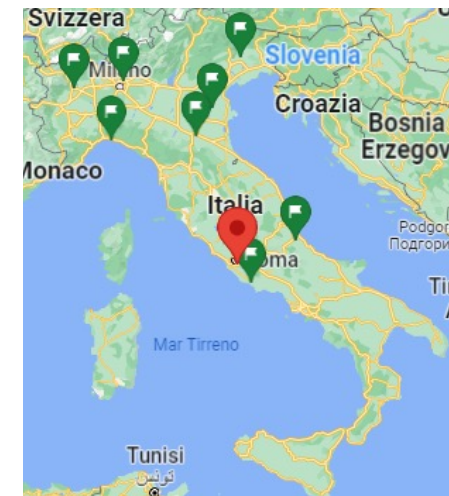
## AIM

To evaluate

- predictive role (pCR) and
- prognostic role (OS, DFS) of
- several baseline combined inflammatory markers in a
- large Italian retrospective multicentric cohort of LARC patients

## AIRO Gastrointestinal Study Group - 9 centers

- Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Roma
  - Centro di Riferimento Oncologico, Aviano
  - Policlinico S. Orsola Malpighi, Bologna
    - Policlinico SS. Annunziata, Chieti
- IRCCS Ospedale Policlinico S. Martino, Genova
  - Ospedale Civile ASL TO4, Ivrea
  - Ospedale S. Maria Goretti, Latina
    - A.O. San Gerardo, Monza
- Ospedale S. Maria della Misericordia, Rovigo







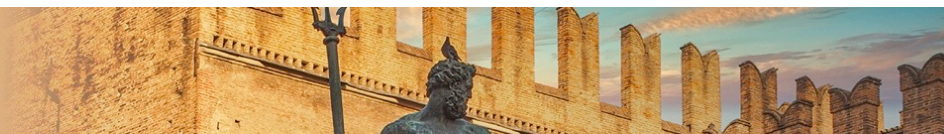
## SELECTION CRITERIA

- M0 LARC patients
- Treated between 2008-2019 (Rome) or 2002-2019 (remaining 8 centers)
- Long-course RT w/ concomitant CT
- Delayed surgery
- +/- adjuvant CT
- Follow-up  $\geq 2$  years in the absence of events

## PROCEDURES

- Pre-CRT blood sample with CBC
- Markers calculation
- Endpoints: pCR, OS, DFS
- Regression analysis (continuous variables)
- Cut-off search
- Univariate and multivariate analysis

Inflammatory marker	Laboratory parameters	Formula
Neutrophil to lymphocyte ratio ( <b>NLR</b> )	Neutrophils; Lymphocytes	Neutrophils/Lymphocytes
Platelet to lymphocyte ratio ( <b>PLR</b> )	Platelets; Lymphocytes	Platelets/Lymphocytes
Monocyte to lymphocyte ratio ( <b>MLR</b> )	Monocytes; Lymphocytes	Monocytes/Lymphocytes
Systemic index of inflammation ( <b>SII</b> )	Platelets; Neutrophils; Lymphocytes	Platelets $\times$ (Neutrophils/ Lymphocytes)
Hemo-eosinophils inflammation index ( <b>HEI</b> )	SII (=0 if SII/560 $\leq 1$ , =1 if SII/560 $> 1$ ); Hemoglobin (Hb) (=0 if Hb/12 $\geq 1$ , =1 if Hb/12 $< 1$ ); Eosinophils (=0 if eosinophils/100 $< 1$ , =1 if eosinophils/100 $\geq 1$ )	SII + Hb + Eosinophils scores

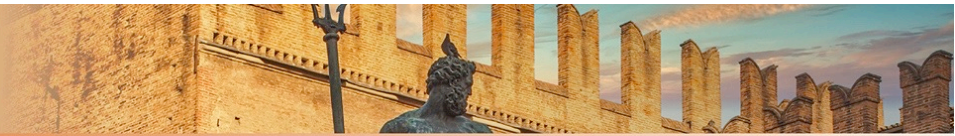


**808 patients**  
 out of 1262

	N (%)
GENDER	
Male	<b>493 (61.0)</b>
Female	315 (39.0)
AGE, years	
Median (range)	<b>64 (26-88)</b>
≥65	403 (49.9)
CEA, ng/ml	
Median (range)	3.1 (0.1-316)
≥5	156 (19.3)
cT	
1-2	58 (7.2)
3	<b>557 (68.9)</b>
4	<b>168 (20.8)</b>
cN	
0	155 (19.2)
+	<b>644 (79.7)</b>

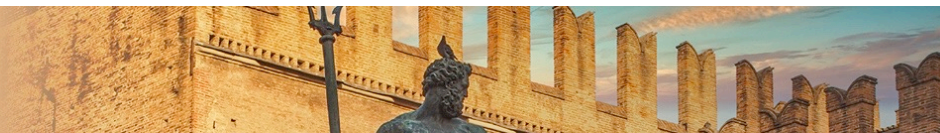
RT DOSE, Gy	
Median (range)	<b>55 (30.8-56)</b>
≥55	488 (60.4)
CONCOMITANT CT	
single agent	<b>595 (73.6)</b>
double agent	201 (24.9)
SURGICAL INTERVAL, w	
Median (range)	11 (2-41)
≥12	320 (39.6)
pCR	<b>22%</b>
5yDFS	84%
5yOS	<b>63.1%</b>

**53.5 mo**  
 median FUP  
 (6-198)



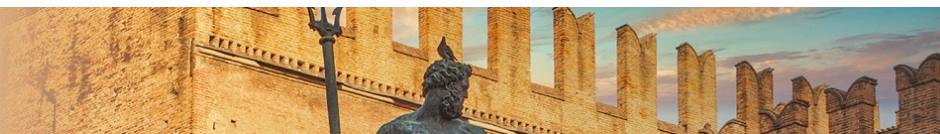
## Regression analysis (inflammatory markers as continuous variables)

	pCR – OR (95% CI) p value	DFS - HR (95% CI) p value	OS - HR (95% CI) p value
<b>NLR</b>	<b>0.86 (0.75-0.97) p=0.02</b>	1.01 (0.94-1.08) p=0.82	<b>1.08 (0.99-1.17) p=0.09</b>
<b>PLR</b>	<b>0.99 (0.99-1.00) p=0.008</b>	0.99 (0.99-1.00) p=0.28	0.99 (0.99-1.00) p=0.34
<b>MLR</b>	0.43 (0.13-1.42) p=0.16	<b>1.92 (1.04-3.56) p=0.037</b>	<b>2.45 (1.10-5.47) p=0.03</b>
<b>SII</b>	<b>0.99 (0.99-1.00) p=0.013</b>	1.00 (1.00-1.00) p=0.51	1.00 (1.00-1.00) p=0.33
<b>HEI</b>	p=0.84	<b>p=0.054</b>	p=0.30
	13 (26.5)	1.00	1.00
	73 (25.5)	1.09 (0.68-1.74)	0.92 (0.49-1.76)
	72 (25.4)	0.97 (0.60-1.56)	1.02 (0.54-1.93)
	20 (21.3)	1.53 (0.91-2.57)	1.43 (0.71-2.89)



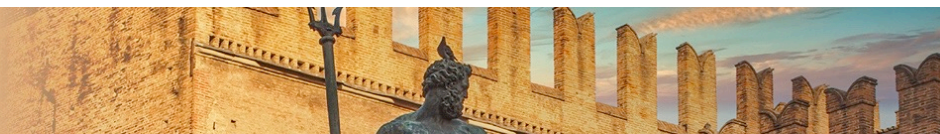
## Logistic regression for pCR prediction

Variable	Value	Univariate		Multivariate	
		OR (95% IC)	p value	OR (95% IC)	p value
GENDER	Male	1.13 (0.85-1.50)	p=0.39		
AGE, years	≥65	<b>1.25 (0.96-1.64)</b>	<b>p=0.10</b>	-	-
cT	3	0.62 (0.37-1.04)	p=0.11		
	4	0.53 (0.29-0.96)			
cN	positive	0.96 (0.67-1.35)	p=0.8		
N extra	yes	0.99 (0.68-1.43)	p=0.95		
CT scheme	double agent	1.00 (0.75-1.34)	p=0.99		
RT dose, Gy	≥55	<b>1.29 (0.98-1.69)</b>	<b>p=0.07</b>	-	-
SURGICAL INTERVAL, w	≥12	1.19 (0.90-1.58)	p=0.23		
NLR	>1.2	<b>0.34 (0.16-0.72)</b>	<b>p=0.005</b>	-	-
PLR	>200	<b>0.53 (0.34-0.83)</b>	<b>p=0.005</b>	-	-
SII	>500	<b>0.56 (0.40-0.79)</b>	<b>p=0.001</b>	<b>0.53 (0.37-0.75)</b>	<b>p&lt;0.0001</b>



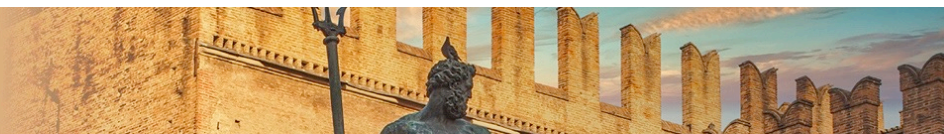
## Logistic regression for DFS prediction

Variable	Value	Univariate		Multivariate	
		HR (95% IC)	p value	HR (95% IC)	p value
GENDER	Male	<b>1.19 (0.97-1.47)</b>	<b>p=0.09</b>	-	-
AGE, years	≥65	<b>1.56 (1.27-1.90)</b>	<b>p&lt;0.0001</b>	<b>1.50 (1.16-1.94)</b>	<b>p=0.002</b>
cT	3	0.79 (0.55-1.14)	p=0.12		
	4	0.99 (0.66-1.47)			
cN	positive	<b>1.37 (1.04-1.79)</b>	<b>p=0.025</b>	-	-
N extra	yes	<b>1.42 (1.12-1.79)</b>	<b>p=0.003</b>	<b>1.41 (1.06-1.88)</b>	<b>p=0.02</b>
CT scheme	double agent	0.89 (0.71-1.12)	p=0.31		
RT dose, Gy	≥55	<b>1.31 (1.06-1.61)</b>	<b>p=0.001</b>	<b>1.43 (1.07-1.90)</b>	<b>p=0.015</b>
SURGICAL INTERVAL, w	≥12	<b>1.34 (1.08-1.65)</b>	<b>p=0.007</b>	-	-
HEI	3	<b>1.49 (1.11-2.01)</b>	<b>p=0.009</b>	<b>1.39 (1.00-1.96)</b>	<b>p=0.005</b>
MLR	>0.18	<b>1.59 (1.14-2.22)</b>	<b>p=0.006</b>	<b>1.49 (1.03-2.14)</b>	<b>p=0.03</b>



## Logistic regression for OS prediction

Variable	Value	Univariate		Multivariate	
		HR (95% IC)	p value	HR (95% IC)	p value
GENDER	Male	1. 1.26 (0.95-1.67)	p=0.39		
AGE, years	≥65	<b>1.98 (1.51-2.61)</b>	<b>p&lt;0.0001</b>	<b>2.00 (1.46-2.75)</b>	<b>p&lt;0.0001</b>
cT	3	0.90 (0.53-1.53)	p=0.11		
	4	1.19 (0.67-2.11)			
cN	positive	1.34 (0.93-1.93)	p=0.12		
N extra	yes	1.14 (0.80-1.63)	p=0.46		
CT scheme	double agent	0.92 (0.69-1.24)	p=0.60		
RT dose, Gy	≥55	<b>0.72 (0.55-0.94)</b>	<b>p=0.01</b>	<b>0.73 (0.53-0.99)</b>	<b>p=0.04</b>
SURGICAL INTERVAL, w	≥12	1.03 (0.76-1.40)	p=0.85		
MLR	>0.35	<b>1.61 (1.17-2.22)</b>	<b>p=0.004</b>	<b>1.49 (1.08-2.06)</b>	<b>p=0.01</b>
NLR	>2.5	<b>1.36 (1.00-1.85)</b>	<b>p=0.05</b>	-	-



## Multivariate analysis

### pCR

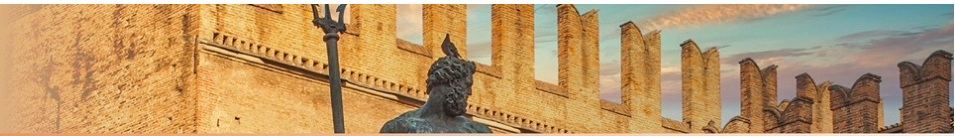
Variable	Value	OR (95% IC)	p value
SII	>500	0.53 (0.37-0.75)	p<0.0001

### DFS

Variable	Value	HR (95% IC)	p value
AGE, years	≥65	1.50 (1.16-1.94)	p=0.002
N extra	yes	1.41 (1.06-1.88)	p=0.02
RT dose, Gy	≥55	1.43 (1.07-1.90)	p=0.015
HEI	3	1.39 (1.00-1.96)	p=0.05
MLR	>0.18	1.49 (1.03-2.14)	p=0.03

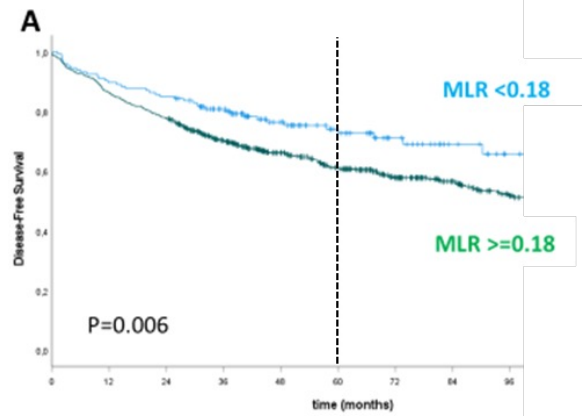
### OS

Variable	Value	HR (95% IC)	p value
AGE, years	≥65	2.00 (1.46-2.75)	p<0.001
RT dose, Gy	≥55	0.73 (0.53-0.99)	p=0.04
MLR	>0.35	1.49 (1.08-2.06)	p=0.01

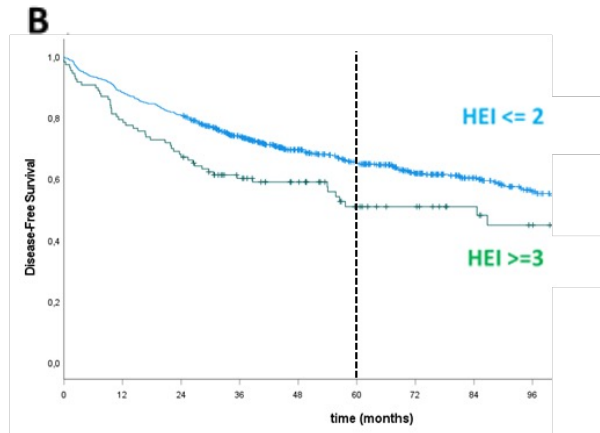


## Kaplan-Meier analysis

DFS stratified by MLR (A) and HEI (B)

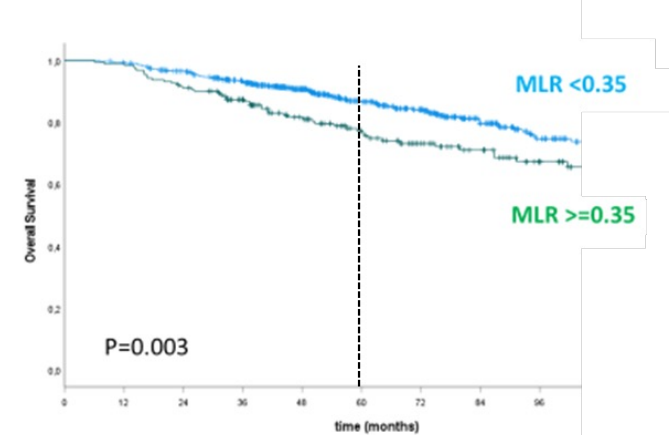


5yDFS 72.7% vs 61.0%



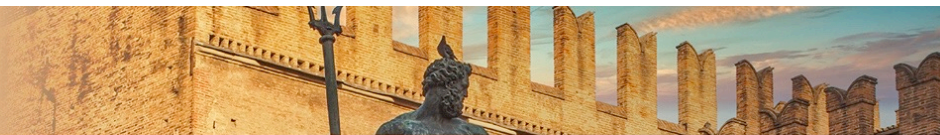
5yDFS 65.0% vs 50.8%

OS stratified by MLR



5yOS 86.5% vs 76.5%





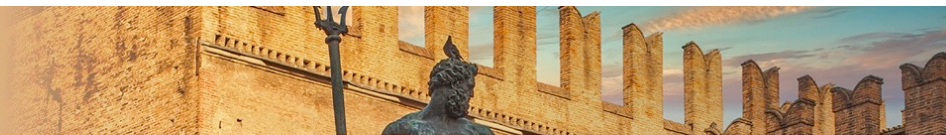
## Conclusions

- Baseline inflammatory markers do have some predictive and prognostic role in LARC
  - Higher SII values -> lower pCR probability
  - Higher HEI and MLR values -> worse DFS
  - Higher MLR -> worse OS
- Available data are not univocal and are all retrospective in nature (confounding factors?)
- Immune response may change over the course of the disease, also as a result of treatments
- Baseline inflammatory markers are inexpensive and easy to obtain
  
- Prospective studies evaluating pre- and post-treatment inflammation markers may be the key to getting to the point of including these parameters in the therapeutic work-up of LARC patients

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*Thank you for your kind attention!*