

胰腺癌根治术患者术前血小板/淋巴细胞比值与临床病理特征和生存时间的相关性

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Title: Correlation of preoperative platelet/lymphocyte ratio with clinical pathological characteristics and survival time in pancreatic cancer patients with radical resection

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关键词: 胰腺癌; 血小板; 淋巴细胞; 临床病理特征; 生存时间; 相关性

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摘要: 目的:探讨胰腺癌根治术患者术前血小板/淋巴细胞比值(PLR)与临床病理特征和生存时间的相关性。方法:选取2010年5月至2014年5月在我院接受胰腺癌根治术患者86例作为研究对象,采用回顾性分析法分析其临床病理资料,根据ROC曲线结果将其分为高PLR组和低PLR组,比较两组临床病理特征和术后1年生存率,采用单因素分析和Cox比例风险回归模型分析胰腺癌术后患者预后生存的相关因素。结果:ROC曲线显示,PLR预测胰腺癌根治术患者生存时间的最佳临界值为250.2,按此临界值,高PLR组(PLR \geq 250.2,40例)和低PLR组(PLR $<$ 250.2,46例);高PLR组年龄、肿瘤T分期和肿瘤N分期均明显高于低PLR组($P < 0.05$);高PLR组中位生存时间、术后1年生存率均明显低于低PLR组($P < 0.05$);单因素分析显示:年龄、肿瘤T分期和肿瘤N分期、术前PLR与胰腺癌术后患者预后生存相关($P < 0.05$);经多元Cox逐步回归分析,结果发现肿瘤T3-4期、肿瘤N1期、术前PLR \geq 250.2均是胰腺癌术后患者预后生存的独立危险因素($P < 0.05$)。结论:术前PLR与胰腺癌患者的年龄、肿瘤T分期和肿瘤N分期均密切相关,且术前高PLR水平是影响胰腺癌术后患者预后生存的独立危险因素,故可作为临床上评估胰腺癌患者预后的有效指标之一。

Abstract: Objective:To investigate the correlation of preoperative platelet/lymphocyte ratio (PLR) with clinical pathological characteristics and survival time in pancreatic cancer patients with radical resection.Methods:The clinicopathological data of 86 patients who underwent radical resection of pancreatic cancer in our hospital from May 2010 to May 2014 were retrospectively analyzed.According to preoperative PLR of ROC,patients were divided into with high PLR and with low PLR.The clinicopathological features and 1-year survival rate were compared between the two groups.Univariate analysis and Cox proportional hazards regression model were used to analyze the prognostic survival factors of pancreatic cancer patients.Results:The ROC curve showed that the best critical value of PLR to predict the survival time of the patients with radical pancreatic cancer was 250.2,according to the critical value,the high PLR group (PLR \geq 250.2,40 cases) and the low PLR group (PLR $<$ 250.2,46 cases).The age,tumor T stage,and tumor N stage in the high PLR group were significantly higher than those in the low PLR group ($P < 0.05$).The median survival time and 1-year survival rate in the high-PLR group were significantly lower than those in the low-PLR group ($P < 0.05$).Univariate analysis showed that age,tumor T staging and tumor N staging,preoperative PLR were correlated with prognosis survival after pancreatic cancer ($P < 0.05$).Multivariate Cox stepwise regression analysis revealed that advanced T stage lesions (T3-4),advanced N stage metastasis (N1),and PLR \geq 250.2 preoperatively were all independent risk

factors for prognosis survival after pancreatic cancer ($P < 0.05$). Conclusion: Preoperative PLR is closely related to age, tumor T stage, and tumor N stage in patients with pancreatic cancer, and preoperative high PLR level is an independent risk factor influencing prognosis survival of pancreatic cancer patients. Therefore, it can be used as one of the effective indicators of prognosis.

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