ntroduction

Methods

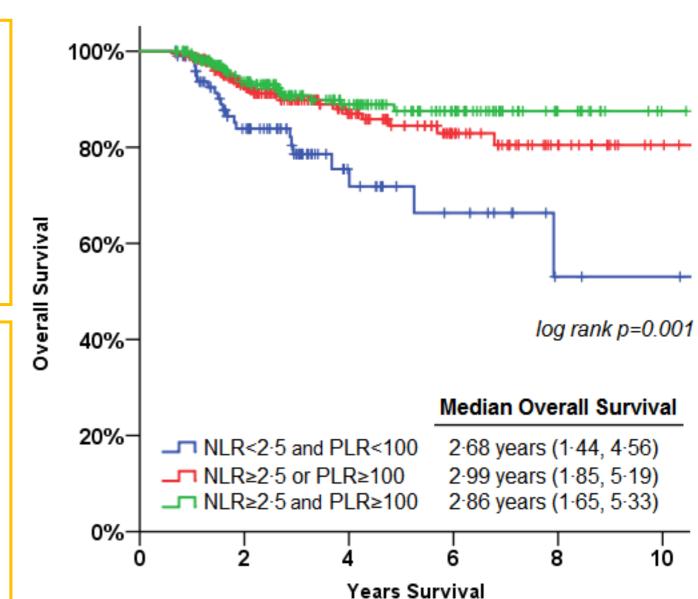
tical Analysis

Baseline NLR and PLR predicts survival in cutaneous melanoma

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- In response to malignancy, there is a systemic inflammatory response syndrome measurable in the peripheral blood 1-3
- Aberrations in the baseline (at diagnosis) peripheral blood neutrophil-lymphocyte (NLR) and platelet-lymphocyte ratio (PLR) are associated with outcomes in numerous cancers 4,5
- The baseline NLR and PLR has not been studied in early cutaneous melanoma; the rationale for this study
- Retrospective cohort study with 10 years follow-up
- Inclusion: patients with biopsy proven melanoma undergoing wider re-excision and sentinel lymph node biopsy (SLNB)
- Exclusion: no preoperative bloods, inflammatory or connective tissue diseases, pregnancy, chemotherapy, multiple melanomas or concomitant malignancies



• The thresholds of NLR (2.5) and PLR were
determined using CutOff Finder TM and based on
ROC Manhattan distances

- Cox proportional hazards models were used to estimate hazard ratios (HR) with 95% confidence intervals (CI) for overall and melanoma specific survival, adjusted for important confounders*
- For a difference in hazards of 0.8, with 90% power and 5% significant; we required n=227

Overall survival and		Crude Risk		Adjusted Risk*	
baseline biomarkers		HR (95% CI)	<i>p</i> -value	HR (95% CI)	<i>p</i> -value
NLR	<2.5	1 (referent)	0.027 -	1 (referent)	0.005
	≥2.5	0.55 (0.33, 0.94)		0.42 (0.23, 0.77)	
NLR-low and PLR-low		1 (referent)		1 (referent)	
NLR-high or PLR-high		0.33 (0.16, 0.67)	0.002	0.26 (0.12, 0.59)	0.007
NLR-high and PLR-high		0.39 (0.22, 0.71)	_	0.40 (0.20, 0.78)	

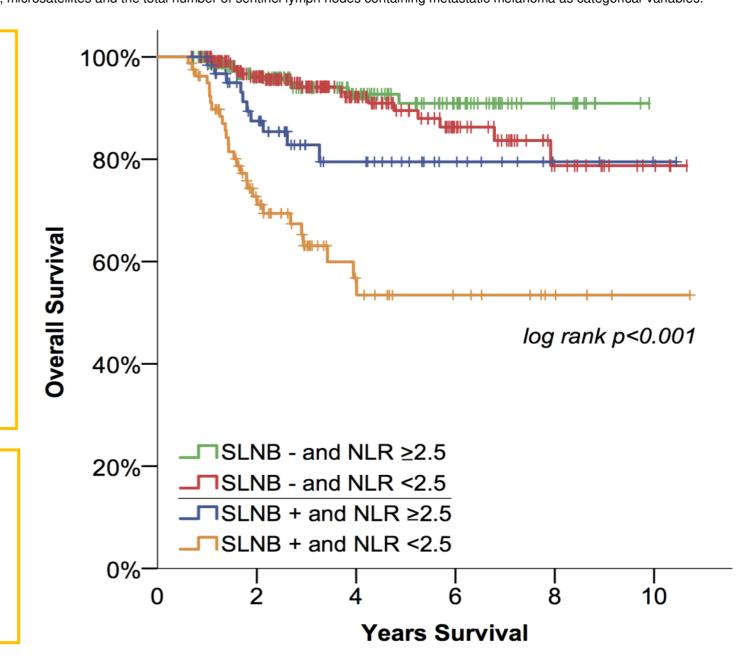
*Adjusted for age, mitotic count per mm² and Breslow thickness (mm) as continuous variables; sex, presence of ulceration, vascular invasion, TILs, regression, microsatellites and the total number of sentinel lymph nodes containing metastatic melanoma as categorical variables.

• 1269 eligible; 569 included (165 males)

- AJCC Stage 1 (60%), Stage 2 (14%), Stage 3 (26%)
- SLNB positive for melanoma in 26%
- 67 deaths (11.8%); 57 (10%) from melanoma
- NLR/PLR strongly predicts survival (upper figure)
- Stratifying for SNLB status, NLR strongly predicts survival (lower figure) and identifies the immune naive
- A baseline NLR >2.5 predicts melanoma specific survival (adjusted HR 0.50 [95% CI 0.26, 0.97], p=0.04)

• Baseline NLR and PLR is associated with survival in early stage cutaneous melanoma

• Baseline NLR and PLR could be used to stratify 'poor immune responders' to adjuvant therapy



Results

Gay LJ, et al B. Contribution of platelets to tumour metastasis. Nat Rev Cancer 2011;11:123-34. doi:10.1038/nrc3004.