中文題目：發炎分數在肝癌經手術治療的預後相關性探討

英文題目：Predictive effects of the inflammatory scores in patients with hepatocellular carcinoma receiving operation

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Background: Proposed inflammatory scores, such as neutrophil to lymphocyte ratio (NLR), platelet to lymphocyte ratio (PLR), albumin and lymphocyte counts used in the prognostic nutritional index (PNI), and neutrophil, lymphocyte, and platelet counts used in the systemic immune-inflammation index (SII) are regarded as risk factors of hepatocellular carcinoma (HCC) outcomes. The study is to evaluate the effects of PNI, NLR, PLR and SII to predict the recurrence and survival in patients with early stage HCC receiving operation.

Methods: This is a retrospective study conducted at Kaohsiung Chung-Gung memorial hospital, Taiwan. 891 patients (77.9% males; mean age 58.53 ± 11.60 years) with BCLC stage 0/A HCC undergoing surgical resection between 2001 to 2016 were enrolled in this study. PNI, NLR, PLR and SII were measured before operation.

Results: The high-NLR group (>1.8) had an adverse overall survival ($p = 0.032$). The low-PNI group (≤45) had an adverse overall survival and disease-free survival ($p < 0.001$). The low-SII group (≤45) also had an adverse overall survival ($p =0.008$) and disease-free survival ($p < 0.001$). Microvascular invasion, low PNI (≤45), and low SII (≤160) were independently associated with poor overall survival at multivariate analysis. Older age (>60), high APRI (>0.7), microvascular invasion, and low SII (>≤160) were shown to be independent prognostic factors of recurrent HCC. The combined use of PNI and SII provided incremental prognostic information.

Conclusions: The low PNI is a significant poor prognostic factor for overall survival, and the low PNI and low SII are associated with high recurrent rate in patients with HCC receiving surgical resection.