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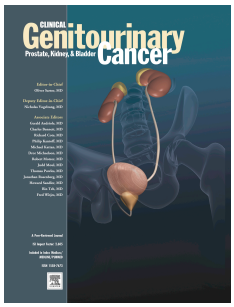

Real World Outcomes in Advanced Urothelial Cancer and the Role of Neutrophil to Lymphocyte Ratio

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Abstract

Introduction: In the first- and second-line metastatic urothelial carcinoma (mUC) treatment setting, we investigated real world
outcomes and evaluated the prognostic role of neutrophil to lymphocyte ratio (NLR).
Methods: A retrospective analysis was performed on mUC patients treated with systemic therapy. Overall response rates (ORR), median time to treatment failure (mTTF) and median overall survival (mOS) were calculated. The association between baseline NLR (using a literature-derived cut-off of 3, as well as the best cut-off NLR value of 5.45 as identified by X-Tile software from this dataset) and TTF and OS, were evaluated using Cox regression analysis.
Results: We evaluated 233 patients. In the first-line, ORR was 25%. mTTF and mOS were 6.9 months (m) and 9.0 m, respectively. Low baseline NLR was significantly associated with improved 8.3 m mTTF, in contrast to 5.8 m for high NLR patients (p=0.046). Low NLR was significantly correlated with a longer mOS of 13.1 m, compared to high NLR (8.2 m, p=0.007). In the second-line, an ORR of 22%, a mTTF of 4.1 m and a mOS of 8 m were observed. Low NLR in the second-line was significantly associated with improved mTTF at 7.9 m, versus high NLR patients (3.3 m, p=0.023). Second-line low NLR was significantly associated with a longer mOS of 12.2 m, in comparison to 6.8 m with high NLR (p=0.003).
Conclusion: In this real-world analysis of mUC patients, first-line outcomes were lower than expected. Low NLR in the first- and second-line is associated with improved mTTF and mOS.

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