COMMENTARY

Prognostic markers for urologic cancers

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Improved prediction of disease related oncologic outcomes is essential for improved patient counseling prior to surgery. The concept of chronic inflammatory states and association with cancer recurrence and survival is a growing area of interest. Indeed a number of studies highlight the potential prognostic benefit across different malignancies.

Nonetheless, the impact of neutrophil:lymphocyte ratio (NLR) is variable and certainly not uniform. As highlighted by Bazzi et al (as well as others), NLR had no significant prognostic benefit for recurrence-free and cancer-specific survival for clear cell renal cell carcinoma (ccRCC).[1] One wonders if some of these observations are a function of a heterogenous cohort of ccRCC cases ranging from T1a toT4 tumors of various Fuhrman grades. Indeed, a focus on more biologically aggressive ccRCC at higher risk of recurrence and mortality may demonstrate a greater degree of association.

Furthermore, whilst these authors noted an association of NLR with overall survival, there was no incremental benefit over a base model constructed from clinical measures of frailty. These observations highlight that accurate pre-surgical notation of baseline clinical morbidities may be invaluable when assessing overall prognosis for urologic oncology patients. In that regard, more refined scales such as ECOG performance status, Charlson-Romano index, or an amalgam to create a Frailty Index Score may be superior to the ASA score alone.[2,3] □

References

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