





Hospital Universitari MútuaTerrassa BARCELONA



## **PROGNOSTIC SCORES THAT INCLUDE PERIPHERAL BLOOD-**DERIVED INFLAMMATORY INDICES ARE NOT A PROGNOSTIC FACTOR IN LUNG CANCER PATIENTS AFTER ROBOTIC SURGERY

Nestor Ivan Quiroga Olguin; Xavier Michavila Oller; Irene Botias Gil; Leandro Ezequiel Grando: Marc Boada: Anna Ureña: Angela Guirao: Irene Bello: Laureano Molins: Ricard Ramos

Department of Thoracic Surgery - Institut Clinic Respiratori - Clinic Barcelona Hospital

## **OBJECTIVES**

There are biomarkers of the disease that have been shown to be prognostic. Some indexes derived from hemocytometric values have been presented with promising but controversial results. The aim of this study is to detect whether there is a relationship between these indices and postoperative complications in patients undergoing anatomic lung resection with robotic surgery.

## **METHODS**

This retrospective, single-center study included 96 patients who underwent robot-assisted surgery. Hematological variables, demographic data, pulmonary function, pathological history, postoperative, and survival data were collected. Logistic regression investigated the association between pre and post-surgical indices and complications. Post-surgical analysis examined differences and ratios between pre- and post-surgical measurements. Data distribution by gender, smoker, medical history, pulmonary function was homogeneous in the sample, 9 of the patients presented T3, 3 presented N1, the highest stage being IIIA and the most frequent histology was Adenocarcinoma. In the uni- and multivariate analysis, no relations was found. The ROC curves for preoperative and postoperative values did not perform well in predicting any of the outcome variables studied.

## CONCLUSIONS

Although this is a small, retrospective study using a complex index and a short-term follow-up, the results showed no significant association between indices and the variables studied, suggesting no predictive relationship between the indices and postoperative complications, PAL, or mortality in patients undergoing robot-assisted anatomic resection.