

## **Prognostic variable in patients with advanced colorectal cancer treated with fluorouracil and leucovorin-based chemotherapy.**

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### **Source**

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### **Abstract**

Possible prognostic variables for tumor response, time to progression (TTP), and survival in 141 patients with advanced colorectal cancer treated with fluorouracil and leucovorin-based chemotherapy were analyzed. None of the variables examined for their possible influence on tumor response attained significance in the stepwise logistic regression. In the univariate analysis, variables found to be strongly associated with TTP were performance status (PS) ( $P = 0.0301$ ), liver involvement ( $P = 0.030$ ), and the initial values of WBC ( $P = 0.0319$ ), lactic dehydrogenase (LDH;  $P = 0.0053$ ), gamma-glutamyl-transpeptidase (gamma-GT;  $P = 0.0013$ ), alkaline phosphatase (ALP;  $P = 0.0186$ ), albumin ( $P = 0.0004$ ), and carcinoembryonic antigen (CEA;  $P = 0.0014$ ). In the Cox analysis, liver involvement ( $P = 0.0553$ ), albumin ( $P = 0.0181$ ), PS ( $P = 0.484$ ), and ALP ( $P = 0.0553$ ) were retained as independently significant variables. When only patients with liver metastases were included in the analysis, then only albumin ( $P < 0.001$ ) demonstrated a prognostic significance. Also, in the univariate analysis, variables predicting survival were PS ( $P = 0.0230$ ), grade ( $P = 0.00600$ ), liver involvement ( $P = 0.0002$ ), LDH ( $P = 0.0001$ ), gamma-GT ( $P < 0.001$ ), ALP ( $P = 0.0006$ ), albumin ( $P = 0.0309$ ), and CEA ( $P = 0.005$ ). With the multivariate analysis, gamma-GT ( $P = 0.0004$ ), albumin ( $P = 0.0634$ ), and CEA ( $P = 0.0804$ ) were selected as significant. In those patients who presented with liver involvement, variables predicted survival were gamma-GT ( $P = 0.0041$ ), albumin ( $P = 0.0442$ ), and the percentage of involved liver parenchyma ( $P = 0.0690$ ). These results could be helpful for the stratification of future trials in advanced colorectal cancer.