A recent review and meta-analysis showed that NLR in HCC patients treated with different therapeutic modalities is associated with overall survival [1]. However, most evidences in the advanced setting include retrospective series relying on limited numbers of patients. The ARQ 197-215 was a randomized placebo-controlled phase II study testing the MET inhibitor tivantinib in second-line HCC patients. Further analyses [2] clarified the role of MET expression and additional circulating biomarkers either as predictors of treatment efficacy or prognostic factors. Herein, we evaluated the potential role of NLR as predictors of outcome in HCC patients treated in the frame of the ARQ197-215 study [3].

Table 1. Baseline characteristics of the study participants: comparison between the low (≤3) and high (>3) NLR populations

Table 2. Association between NLR and patient outcomes within the two treatment groups of the ARQ 197-215 study

Conclusions

- NLR is an independent predictor of OS for patients with HCC who are candidates to second-line treatment.
- The test for interaction between NLR and treatment was not statistically significant.
- MET expression is the only biomarker predicting tivantinib efficacy in advanced HCC [2].
- Our results extend previously published retrospective observations [1] in the frame of a prospective, placebo-controlled randomized trial for advanced HCC.
- The low cost, easy determination, and reproducibility of a full blood count make NLR a promising tool for assessing HCC prognosis in future clinical practice.

Bibliography

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