Journal Watch Article by Dr Vincent Thai

Title : Prognostication in Advanced Cancer: A StudyExamining an
Inflammation-Based Score

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Abstract :

Context. Prognostication in advanced cancer is challenging. Biomarkers of
systemic inflammation (C-reactive protein and albumin) combined in the
modified Glasgow Prognostic Score (mGPS) have been used to assist
prognostication in various cancer types.

Objectives. The aim of this study was to examine whether an inflammation-
based
prognostic score (mGPS) is useful in prognostication in advanced cancer
patients.

Methods. Cancer patients who had biomarkers (C-reactive protein and
albumin) recorded were allocated an mGPS ranging from 0e2. Groups were
compared using Jonckheere-Terpstra and Chi-squared tests. Survival
analyses were
carried out using Kaplan-Meier and multivariate Cox regression models.
Results. A total of 296 patients were included, and a representative
subgroup of
102 had biomarkers recorded. The mGPS was predictive of death (P=0.014)
adjusted for sex, cancer site, age, hemoglobin, and white cell count.
Patients with
an mGPS of 2 had 2.7 times the risk of death of those with an mGPS of

0 (P = 0.011). Patients with an mGPS less than 2 had an 86.1% and 74.3% chance
of being alive at two and four weeks, respectively.

Conclusion. A role for the mGPS in prognostication near the end of life is
suggested. Biomarkers (e.g., mGPS) may assist clinical decisions as to whether
intensive treatments are appropriate and may facilitate end-of-life care
planning.

Strengths :
        Good attempt to use the inflammatory markers to help with short
term prognosis.
        Survival curves separated reasonably for the different categories.

Weaknesses :
        Unfortunately, the mGPS score of 2 which implies more inflammation
did not help in any additional prognostic accuracy.
        Estimated survival of either 2 or 4 weeks may not be relevant in
some clinical scenarios as these time cut off points are rather close to each
other.
        Single center and retrospective study with a relatively small number
of patients.
        More than half of the patients did not have the biomarkers recorded.
        Median follow up was somewhat short at 3.86 weeks.

Relevance to Palliative Care :
        It is advantageous to have objective inflammatory markers to help
with short term prognosis.
        Inflammatory markers may be helpful in identifying a subgroup of
        patients who are going to survive by the 2 or 4 week mark with a
        mGPS score of 0 or 1 but not helpful in identifying patients who are
        going to survive with the mGPS score of 2.