AB048. Preoperative prognostic nutritional index and nomogram predicting recurrence-free survival in patients with primary non-muscle invasive bladder cancer without carcinoma in situ

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Background: To clarify the prognostic values of serum albumin and peripheral lymphocyte count in patients with non-muscle invasive bladder cancer (NMIBC) and establish a nomogram to predict recurrence-free survival (RFS).

Methods: The prognostic nutritional index (PNI) was calculated based on optimal cutoff values of 52.57. RFS was assessed using the Kaplan-Meier method and the equivalences of survival curves were tested. The Cox proportional hazards regression model was applied in univariate and multivariate analyses.

Results: In univariate analysis, age, tumor focality, tumor size, tumor grade, T stage and PNI were associated with RFS. And multivariate analysis identified PNI was an independent predictor for RFS in patients with NMIBC. And nomogram for the prediction of recurrence was developed.

Conclusions: The evaluation of PNI can be regarded as an independent prognostic factor for predicting RFS in patients with NMIBC. The nomogram could be useful for improving the personalized multidisciplinary therapy for patients with NMIBC.

Keywords: NMIBC; prognostic nutritional index (PNI); nomogram; prognosis

AB049. Prognostic scores based on the preoperative plasma fibrinogen and serum albumin level as a prognostic factor in patients with upper urinary tract urothelial carcinoma

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Background: To clarify the prognostic value of preoperative plasma fibrinogen
and serum albumin level, as known as FA score, in a cohort of Chinese patients with upper urinary tract urothelial carcinoma (UTUC).

Methods: The FA score was calculated based on optimal cutoff values of 3.53 g/L for fibrinogen and 43.56 g/L for albumin. Overall survival (OS) and cancer specific survival (CSS) was assessed using the Kaplan-Meier method and the equivalences of the survival curves were tested by log-rank tests.

Results: In univariate analysis, Tumor size, tumor grade, T stage and preoperative FA score were significantly associated with OS and CSS, and multivariate Cox