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Summary

NEUTROPHIL–LYMPHOCYTE RATIO PREDICTS OVERALL SURVIVAL IN PATIENTS WITH UNRESECTABLE HEPATOCELLULAR CARCINOMA TREATED WITH DURVALUMAB PLUS TREMELIMUMAB: A MULTICENTER ANALYSIS

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Baseline neutrophil-to-lymphocyte ratio ≥2.56 independently predicts poorer overall survival in patients with unresectable hepatocellular carcinoma treated with durvalumab plus tremelimumab.

KEY POINTS

- In 182 patients with unresectable HCC receiving durvalumab (1500 mg every 4 weeks) plus tremelimumab (300 mg single dose), median OS was not reached in the low-NLR group (less than 2.56) versus 12.1 months in the high-NLR group (≥2.56), with NLR ≥2.56 independently predicting poorer OS (HR: 1.919; p = 0.039).
- Median PFS was 3.5 months (95% CI: 2.7–4.4 months), and administration of durvalumab plus tremelimumab after second-line treatment independently predicted shorter PFS (HR: 1.819; p = 0.003).
- Patients with higher baseline NLR were significantly more likely to receive best supportive care rather than subsequent anticancer therapies after discontinuing durvalumab plus tremelimumab (p = 0.046).
- Spline curve analysis identified an optimal NLR threshold range of 2.3–3.0 for OS prediction in this multicenter retrospective cohort treated between May 2022 and June 2024.
- No significant differences in immune-related adverse events or treatment response rates were observed between NLR groups.

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