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Observational Cohort Study of 1st line Bevacizumab Combined with Chemotherapy in Metastatic Colorectal Cancer (HGCSG0802): Sub-group Analysis by the Glasgow Prognostic Score (GPS)

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Introduction: The Glasgow Prognostic Score (GPS), combination of C-reactive protein and albumin, has reported its prognostic value in metastatic colorectal cancer patients

receiving cytotoxic agents. However, the validity of the GPS has not been reported in patients treated with bevacizumab (Bev)-based first line chemotherapy.

Methods: 115 patients with mCRC treated with Bev contained first line chemotherapy were registered from 15 centers in Japan. Univariate and multivariate analysis for overall survival (OS) were performed using patient characteristics. Survival analyses were performed with the Kaplan-Meier method, log-rank test and the Cox proportional hazards model. The analysis was also designed to determine whether the GPS could be extended to progression-free survival (PFS).

Results: All data were available for prognostic categorization in 97 patients. Patients with the GPS of 0, 1 and 2 were 58, 23, and 16, respectively. The pts characteristics between 0 and 1/2 were generally balanced except for prior colectomy (70.7% in 0, 51.3% in 1/2; $p = 0.058$), disease status (primary unresectable) (79.3% in 0, 97.4% in 1/2; $p = 0.013$), liver metastasis (58.6% in 0, 84.6% in 1/2; $p = 0.007$), KRAS exon2 status (wild) (70.7% in 0, 51.3% in 1/2; $p = 0.058$) and median number of metastatic organ (mean; 1.78 in 0, 2.21 in 1/2; $p = 0.040$). The distribution and median OS / PFS for the GPS were as follows: 0 ($n = 58$; 29.9/10.4 months), 1/2 ($n = 39$; 17.0/7.3 months). For OS and PFS, there were significant difference between 0 and 1/2 ($p < 0.001/p = 0.004$). In the Cox multivariate analysis, GPS had shown an independent prognostic impact (GPS 0 vs 1/2; HR 2.158, $p = 0.005$) and predictive impact (GPS 0 vs 1/2; HR 1.819, $p = 0.021$).

Conclusion: It was shown that GPS might provide valuable information in the bevacizumab combined first line chemotherapy for patients with mCRC.