AB146. SOH21AS088. Mean corpuscular volume as pre-operative prognostic factor in colorectal cancer

Poorya Shokuhi, Philip McEntee, Ailín Rogers, John Larkin

Department of Surgery, St James's Hospital, Dublin, Ireland

Background: Mean corpuscular volume (MCV) has been implicated in prediction of oncological outcomes in other cancers (e.g., esophageal), with high pre-operative MCV linked with disease recurrence. This study aimed to identify whether high MCV affects post-operative outcome and disease recurrence in colorectal cancer (CRC).

Methods: Patients undergoing elective CRC resection with curative intent in a tertiary centre between 2008 and 2019 were identified from a prospective database. Patient records were reviewed to obtain demographics, American Society of Anesthesiologists (ASA) grade, smoking and alcohol intake, tumor and pre-operative laboratory data and oncological management of each patient and inputted for regression analysis. Post-operative Clavien-Dindo (CD) score was calculated, 30-day mortality, in-hospital mortality and cancer recurrence were recorded.

Results: A total of 1,293 CRCs were resected, with 89.7% of patients experiencing a hospital course without major morbidity (CD <3). The 30-day mortality rate was less than 1%, with 22 deaths overall (1.7%). There were 176 patients (13.6%) with recurrence at follow-up. Preoperative factors that predicted recurrence, CD <3 and mortality were analyzed with regression analysis. Pre-operative high MCV did not significantly predict negative post-operative or oncological outcomes.

Conclusions: MCV is not an independent prognostic factor for outcomes following elective CRC resection.

Keywords: Colorectal cancer (CRC); prognosis; mean corpuscular volume (MCV); pre-operative markers; mean corpuscular

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