

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

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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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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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