Results:

for survival. and multivariate Cox proportional hazards model were used to assess the risk factors. Surveys, Epidemiology, and End Results Program (SEER)-registered counts on the survival outcomes in patients with stage IV gastric cancer after palliative resection. Kaplan-Meier survival curves not been investigated. The aim of the present study was to explore the effect of NLN count in the setting of gastric cancer patients who have received palliative resection. Standard lymph node dissection, such as D2 lymphadectomy maybe still necessary during palliative resection. However, the prognostic value of NLN count was independently prognostic factor in various cancers after radical resection. Consequently, the risk score of NLN counts demonstrated that the plot of hazard ratios (HRs) for NLN counts sharply increased when the number of NLN counts decreased. Our present study revealed that NLN count was an independent prognostic predictor in stage IV gastric cancer after palliative resection. Standard lymph node dissection, such as D2 lymphadectomy maybe still necessary during palliative resection. In MAGIC, ATM status was not prognostic for OS in either treatment arm. ATM loss was much more common in MSI-H pts. In this relatively underpowered analysis, chemo treated MSS-ATM-neg pts had encouraging OS. In chemo treated pts, long OS, independent of conventional prognostic factors and MSI status (HR = 0.39, 95% CI 0.15-0.99). The risk score of NLN counts demonstrated that the plot of hazard ratios (HRs) for NLN counts sharply increased when the number of NLN counts decreased. Our present study revealed that NLN count was an independent prognostic predictor in stage IV gastric cancer after palliative resection. Standard lymph node dissection, such as D2 lymphadectomy maybe still necessary during palliative resection. However, high IC PD-L1 expression (<50%) was significantly associated with a prolonged OS, independent of conventional prognostic factors and MSI status (HR = 0.39, 95% CI 0.15-0.99).

Conclusions:

PD-L1 expression in TC and IC was assessed by immunohistochemistry (IHC) on tissue microarrays with all primary tumours (n = 165) and paired lymph node metastases (n = 61) from a retrospective consecutive cohort of patients with chemoradiotherapy-naïve resected EG cancers. MSI was defined as loss of MLH1, MSH2, MSH2 or MSH6. Univariable and multivariable Cox regression analysis was used to calculate overall survival (OS). Results: There was a significant correlation between TC and IC PD-L1 expression in primary tumours (p < 0.001) but not in metastases. There was no significant association between TC PD-L1 expression in primary tumours and metastases, but IC PD-L1 expression was significantly higher in metastases (p = 0.027). There were strong significant associations between PD-L1 expression in TC and IC, respectively, and MSI (p < 0.001 for both). Neither TC PD-L1 expression nor MSI status was prognostic. However, high IC PD-L1 expression (>50%) was significantly associated with a prolonged OS, independent of conventional prognostic factors and MSI status (HR = 0.39, 95% CI 0.15-0.99). Conclusions: PD-L1 expression in TC does not differ significantly between primary tumours and lymph node metastases, PD-L1 expression in IC but not in TC is an independent favourable prognostic factor.

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