According to ROC curve analysis, the cut-off value was 3.54 (AUC:0.655, 95% CI:0.56–0.73, p = 0.006) for NLR and 437 (AUC:0.670, 95% CI:0.57–0.75, p = 0.002) for the CA19-9 level. A statistically significant difference was observed between the CA19-9 level (p < 0.001) and NLR (p < 0.001) and OS. As a result of the multivariate Cox regression analysis, NLR (≥3.54 vs < 3.54, HR = 2.17, 95% CI: 1.17–4.03, p = 0.013) and the CA19-9 level (≥437 vs < 437, HR = 1.81, 95% CI: 1.08–3.03, p = 0.022) were found to be significant prognostic factors in OS analysis.

Conclusions: In our study, the pre-treatment NLR and CA19-9 level were found to be reliable predictive markers for poor prognosis in patients with metastatic PC. According to the results of our study, the NLR and CA19-9 level can be used in predicting the survival of patients with pancreatic cancer. We believe that our findings will shed light on the management of treatment protocols for patients diagnosed with metastatic pancreatic cancer.

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Prognostic value of the neutrophil-lymphocyte ratio and CA 19-9 in predicting survival inpatients with metastatic pancreatic cancer

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**Background:** The predictive value of different prognostic biomarkers has been studied in various cancer types. The aim of our study is to determine the degree of risk and prognostic significance of the pre-treatment neutrophil-to-lymphocyte ratio (NLR) and CA19-9 level in patients with metastatic pancreatic cancer and establish its relation with survival.

**Methods:** In our study, clinical and laboratory data of 118 patients with metastatic pancreatic cancer at the time of diagnosis were retrospectively analyzed. Overall survival (OS) rates were calculated using the Kaplan–Meier method. The Cox regression analysis was used to determine the prognostic factors affecting pancreatic cancer.

**Results:** The mean age of the patients was 67 ± 9.57 years. The patients were analyzed during the follow-up, and their median OS was 12 months (95% CI: 9.73–14.26).