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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