Utility of plasma tumor marker levels in management of patients with appendiceal adenocarcinoma

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Results

- Elevated CEA was predictive of overall survival in all patients with median survival not-yet-reached for those with normal CEA, not-yet-reached for those with elevated CEA (HR: 3.7, p < 0.0001) and 99.8 months for those with highly elevated CEA (101 ng/ml; more than 90th percentile of CEA level) (HR: 9.0, p < 0.0001)
- Given that tumor grade is the primary driver of prognosis in AA, this analysis was repeated while controlling for tumor grade
- Elevated levels of CEA was strongly predictive of overall survival for patients with low-grade tumors (HR: 5.2, 8.7, respectively, p < 0.0001 for each) & high grade (HR: 4.9, 8, respectively, p < 0.0001 for each)

- Elevated CA 125 was predictive of overall survival in all patients with median survival not-yet-reached for those with normal CA 125, 99.8 months for those with elevated CA 125 (HR: 4.7, p < 0.0001) and 69.8 months for those with highly elevated CA 125 (98 U/mL; more than 90th percentile of CA 125 level) (HR: 8.3, p < 0.0001)
- Elevated levels of CA 125 was strongly predictive of overall survival for patients with low-grade tumors (HR: 5.2, 8.7, respectively, p < 0.0001 for each) & high grade (HR: 4.9, 8, respectively, p < 0.0001 for each)

Conclusions

- In summary, these data from a retrospective analysis highlight the utility of using tumor marker levels in conjunction with tumor grade to more accurately predict prognosis in appendiceal adenocarcinoma patients

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