

Prognostic model developed for immunotx of urothelial cancer

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platelet count (hazard ratio, 1.73), neutrophil-lymphocyte ratio (hazard ratio, 1.84), lactate dehydrogenase (hazard ratio, 1.54), and anemia (hazard ratio, 1.60). In the training and validation datasets, the c-statistic was 0.690 and 0.759, respectively. Patients in the training and validation datasets had similar one-year overall survival. When adjusted for the optimal model, the programmed death-ligand 1 score was statistically significant, but it did not improve the clinical interpretability (c-statistic = 0.698).

"We believe we've developed the first prognostic model that, once confirmed in larger studies, could provide a critical decision-making tool for clinicians," Pond said in a statement.

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—A model has been developed to predict overall survival for patients with advanced urothelial carcinoma treated with atezolizumab, according to a presentation at the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium, held from Feb. 8 to 10 in San Francisco.

Gregory Russell Pond, Ph.D., from McMaster University in Hamilton, Canada, and colleagues used patient level data from two [urothelial carcinoma](#) salvage trials assessing atezolizumab. A total of 310 [patients](#) were included in the training cohort and 95 in the validation cohort. The association of prognostic factors for overall survival recognized in the chemotherapy setting was evaluated.

The researchers found that the factors included in the optimal prognostic [model](#) for overall survival were ECOG (Eastern Cooperative Oncology Group) performance status (hazard ratio, 1.64 for 1 versus 0); liver metastasis (hazard ratio, 1.45),

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