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Log odds of positive lymph nodes stratification: What is the prognostic role in colorectal cancer patients

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Nodal status is an important prognostic factor for patients with CRC without distant synchronous metastasis. The aim of the study was to assess the prognostic value of LODDS in predicting the survival outcome of CRC in patients with radical resection. We enrolled 323 consecutive patients with primary CRC that underwent curative resection. LODDS values were calculated by empirical logistic formula, $\log(\text{pnod} + 0.5)/(\text{tnod} - \text{pnod} + 0.5)$. It was defined as the log of the ratio between the number of positive nodes and the number of negative nodes. The patients were divided into three groups: LODDS0 (≤ -1.36), LODDS1 ($> -1.36 \leq -0.53$) and LODDS2 (> -0.53). The 1- and 3-year OS was 90.8 and 78.5%, respectively, for all 323 CRC patients enrolled. Age, TNM staging, pT and pN stage, tumor grade, microvascular and perineural invasion, Lymph Node Ratio (LNR) and LODDS were all statistically significantly correlated with overall survival. In a multivariate analysis with the Cox proportional hazard method, LODDS proved to be an independent prognostic factor of 3-year OS, while the pN stage and lymph node ratio demonstrated no statistical significance. ROC analyses showed that LODDS predicted OS better than LNR. The data of this study, in according to literature, showed that LODDS tumor staging system has a superior prognostic relevance compared to pN stage and LNR, and proving to be an accurate clinical tool to stratify and to predict survival of CRC patients.

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