

ASCO: CRP predicts complications after esophagectomy

January 19 2016



(HealthDay)—C-reactive protein (CRP) on postoperative day 4 (POD 4)

after esophagectomy is associated with increased odds of serious infectious complications (SICs), according to a study presented at the American Society of Clinical Oncology's annual Gastrointestinal Cancers Symposium, held from Jan. 21 to 23 in San Francisco.

Kazuki Kano, M.D., from the Kanagawa Cancer Center in Yokohama, Japan, and colleagues conducted a retrospective study involving 110 consecutive patients undergoing open thoracic esophagectomy after neoadjuvant chemotherapy for thoracic esophageal cancer. The authors measured clinical and laboratory parameters, including CRP, all available before or within POD 4, and assessed their correlation with SICs.

The researchers found that 18.2 percent of patients had SICs. CRP on POD 4 had high diagnostic accuracy for SICs (area under the receiver operating characteristic curve, 0.759). A cut-off value of 4.0 mg/dL CRP yielded a sensitivity and specificity of 70.0 and 74.4 percent, respectively, and a negative predictive value of 91.8 percent for SIC detection. In multivariate analysis, CRP ≥ 4.0 mg/dL on POD 4 and three-field [lymph node dissection](#) were predictive for SICs after esophagectomy (odds ratios, 8.399 and 4.658, respectively).

"CRP on POD 4 was an early indicator for serious [infectious complications](#) after esophageal [cancer](#) surgery, which could encourage imaging study to detect the focus or early intervention by antibiotics," the authors write.

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Citation: ASCO: CRP predicts complications after esophagectomy (2016, January 19) retrieved 2 May 2024 from

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