A nomogram with Ki-67 in the prediction of postoperative recurrence and death for glioma

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Abstract

Background: To evaluate the predictive value of a nomogram with Ki-67 in overall and disease-free survival in glioma patients. Methods: A total of 76 patients diagnosed with glioma were enrolled. The baseline data and followups were retrospectively collected from medical records. The associations between Ki-67 and survival status were examined using log-rank test, univariate and multivariate Cox proportional hazard regression models. Calibrations were performed to validate the established nomograms. Results: Ki-67 negative group showed a longer OS survival time and a longer PFS survival time with log-rank test (x2=16.101, P<0.001 and x2=16.961, P<0.001). Age older than 50 years (HR=2.074, 95% CI: 1.097-3.923), abnormal treatment (HR=2.932, 95% CI: 1.343-6.403) and Ki-67 positive (HR=2.722, 95% CI: 1.097-6.755) were the independent predictive factors of death. High grade pathology (HR=2.453, 95% CI: 1.010-5.956) and Ki-67 positive (HR=2.200, 95% CI: 1.043-4.639) were the independent predictive factors of recurrence. The C-index for the nomogram of OS and PFS were 0.745 and 0.723, respectively. The calibration results showed that the nomogram could predict the overall and disease-free 1-year survival of glioma patients. Conclusion: The nomograms with Ki-67 as independent risk factor for OS and PFS could provide clinical consultation in the treatment and follow-up of malignant glioma.

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