with low ALC, high NLR, and low LMR (high vs. low; ALC: 1,989 vs. 1,454 days; HR=0.70; 95%CI=0.51-0.96; log-rank \( p = 0.025 \); NLR: 1,207 vs. 1,989 days; HR=1.53; 95%CI=1.11-2.12; log-rank \( p = 0.010 \); LMR: 2,453 vs. 1,158 days; HR=0.59; 95%CI=0.43-0.80; log-rank \( p < 0.001 \)) (Figure 1A, B, and D). PLR was not significantly associated with OS (Figure 1C).

We then performed univariate and multivariate analyses. Each of the four multivariate analyses indicated that high ALC and high LMR were independently associated with longer OS regardless of the subtype and the type of the first-line treatment (endocrine therapy or chemotherapy with/without molecular targeted therapy) (high vs. low; ALC: HR=0.69; 95%CI=0.50-0.94; \( p = 0.020 \); LMR: HR=0.67;