percentage, a semi-quantitative evaluation of Glasgow Microenvironment Score\(^{1}\) was performed. Also, Glasgow Prognostic Score, that is widely known as a systemic inflammatory-based marker, was determined for each patient.\(^{2}\)

Results: Diabetic patients presented a significant higher glycaemia than the control patients (190.1 ± 13.6 mg/dL vs 98.2 ± 3.6 mg/dL, p < 0.001, respectively). Decreased survival rates were observed in diabetic patients (S11.5 vs 916.0, p = ns). Tumours exhibited increased fibrosis relatively to the adjacent mucosa in both groups and diabetic patients (N: 9.362 ± 1.337; T: 12.29 ± 1.407) presented higher fibrosis levels than the non-diabetic patients (N: 7.165 ± 1.017; T: 10.97 ± 1.076).

Conclusion: Expected results: Identifying the distinct features that characterize GC of DM2 patients compared to non-diabetic patients (namely fibrosis, angiogenesis, inflammation, and oxidative stress biomarkers) will enable to study this subset of GC patients and unravel key mechanisms behind the relationship between DM2 and GC.

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Circling EVs for AML minimal residual disease biomarkers detection

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The association of Generalized Epilepsy with Febrile Seizures plus (GEFS+) with FEB1 gene: A new insight to the etiology of GEFS+

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