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Clinical Outcomes Of The Surgery After Neoadjuvant Chemotherapy In Locally Advanced Pancreatic Ductal Adenocarcinoma

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Background : The clinical outcomes of surgery after neoadjuvant chemotherapy (NACT) have not been well inspected in patients with locally advanced pancreatic cancer (LA-PC), although outcomes are well established in borderline resectable pancreatic cancer (BR-PC).

Methods : We retrospectively reviewed the records of 1,358 patients who were diagnosed with resectable or borderline resectable or locally advanced pancreatic adenocarcinoma between January 2017 and December 2020. We compared the clinical outcomes of LA-PC patients who underwent surgery after NACT with BR-PC patients who underwent surgery after NACT, and resectable pancreatic cancer patients who underwent upfront surgery, before chemotherapy. And we compared overall survival (OS) rates of patients with curative resection after NACT in LA-PC patients and chemotherapy only in LA-PC patients.

Results : Among 1,358 patients were diagnosed with resectable or borderline resectable or locally advanced pancreatic ductal adenocarcinoma (PDAC). 98 patients underwent NACT with LA-PC, 147 patients underwent surgery after NACT with BR-PC, and 569 patients underwent upfront surgery with resectable pancreatic cancer. There was no significant difference in overall survival (OS) between patients with LA-PC who underwent surgery after NACT, patients with BR-PC who underwent surgery after NACT, and patients who underwent surgery for resectable pancreatic cancer (43.2 months vs. 41.8 months vs. 38.4 months; $p = 0.976$). And in the case of recurrence free survival (RFS), there were no significant difference among LA-PC, BR-PC and resectable PC (29.1 months vs. 30.7 months vs. 32.3 months; $p = 0.205$). Also, when patients with LA-PC who underwent surgery after NACT compared with and those who underwent chemotherapy only, it was confirmed that the survival rate was significantly higher in the group that underwent surgery (43.2 months vs. 20.5 months; $p < 0.001$). Among patients who only received chemotherapy with LA-PC, 28 (11.4%) patients and 183 (74.4%) patients showed stable disease (SD) and partial response (PR), respectively, at follow-up after NACT, and the survival rate of these patients was also worse than that of patients who underwent surgery (43.2 months vs 21.5 months).

Conclusions : Surgical resection after neoadjuvant chemotherapy in LA-PC can be a good treatment modality, as in BR-PC or resectable PC, if there are no surgical complications or major problems with recovery.

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