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## In A World Of Neoadjuvant Chemotherapy, Which Response Is The More Reliable Indicator For Prognosis In Pancreatic Ductal Adenocarcinoma, Radiologic Or Biochemical?

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**Background** : In an era where neoadjuvant chemotherapy is increasing, methods evaluating responses to neoadjuvant chemotherapy are still diverse among institutions. In addition, the efficacy of adjuvant chemotherapy after surgery in patients who underwent neoadjuvant chemotherapy is still unclear. Therefore, we aimed to evaluate the effectiveness of response evaluation methods to neoadjuvant chemotherapy and the need for adjuvant chemotherapy in patients with non-metastatic pancreatic ductal adenocarcinoma.

**Methods** : In total, 150 patients who underwent neoadjuvant FOLFIRINOX chemotherapy and curative-intent pancreatectomy were identified. Patients were stratified by a biochemical response, based on normalization of carbohydrate antigen 19-9, and a radiologic response based on size change at imaging.

**Results** : Patients were classified as three subgroups according to response to neoadjuvant chemotherapy and prognosis; biochemical responders (BR+), radiologic only responders (BR-/RR+), and non-responders (BR-/RR-). The 3-year overall survival rate was highest for BR+ (71.0%) compared to BR-/RR+ (53.6%), or BR-/RR- (33.1%) ( $P < 0.001$ ). In addition, response to neoadjuvant chemotherapy (HR, 2.15 [3.82]; 95% CI, 1.19–3.88 [2.41–6.08];  $P = 0.011$  [ $P < 0.001$ ]; BR-/RR+ [BR-/RR-] compared with BR+) was also identified as significant risk factors for recurrence. In addition, the 3-year OS rates were significantly higher in patients who completed adjuvant chemotherapy than those who did not in BR+, BR-/RR+ and BR-/RR-, respectively.

**Conclusions** : This response evaluation method to neoadjuvant chemotherapy is feasible and discriminate prognosis significantly. In addition, patients who underwent neoadjuvant chemotherapy should be recommended completing adjuvant chemotherapy regardless of responses to neoadjuvant chemotherapy.

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