



ABST-0327

Pancreaticoduodenectomy In Octogenarians

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Background : The objective of this study is to investigate factors affecting surgical and oncological outcome after performing pancreaticoduodenectomy in elderly patients diagnosed with pancreatic ductal adenocarcinoma.

Methods : From January 2009 to December 2018, patients who underwent pancreaticoduodenectomy for pancreatic ductal adenocarcinoma were enrolled. Data were analyzed by comparing clinicopathological characteristics, complications, survival, recurrence, adjuvant treatment between octogenarians (patients older than 80 years of age) and the younger group. Due to the small size of elderly group, propensity score matched analysis was performed. Additional analysis was conducted to investigate prognostic factors in terms of 24 months of survival.

Results : Total 666 patients were enrolled in this study and 24 (3.6%) were included in the elderly group. Short term complication rates($p=0.119$) and hospital stay ($p=0.839$) did not differ between two groups. The overall survival between two groups had significant difference (<80 median 25months vs ≥ 80 median 13 months, $p=0.045$). After propensity score matched analysis, two groups did not differ in clinicopathological characteristics, overall survival (<80 median 18months vs ≥ 80 median survival 16months, $p=0.565$), or disease-free survival($p=0.471$). There was one factor with statistical significance which was the rate of getting the adjuvant therapy (58.3% in younger group vs 4.2% in elderly, $p<0.0001$). Analysis of 24-months survival group revealed some prognostic factors.

Conclusions : Even in octogenarian pancreatic ductal adenocarcinoma patients, since the complication rates and recurrence rates do not differ, more aggressive treatment such as surgery and adjuvant therapy should be considered in select patients.

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