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Extranodal Extension Influences Prognosis In Pancreatic Body/tail Cancer: A Retrospective Cohort Study

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Background : The extranodal extension (ENE) is an established prognostic factor in several gastrointestinal cancers. In previous studies, we confirmed that ENE affects prognosis in pancreatic head cancer. Therefore we aimed to investigate whether ENE influences overall prognosis of pancreatic body/tail cancer in this study.

Methods : We retrospectively reviewed electronic medical records of 322 pancreatic body/tail cancer patients, who underwent distal pancreatectomy for pathologically confirmed pancreatic ductal adenocarcinoma between January 2011 and December 2015. Patients were categorized into subgroups according to ENE status and pancreatic cancer staging system. We compared the overall and disease-free survival rates of the patients according to ENE status. Cox proportional hazard analysis was performed to evaluate prognostic factors for the overall and disease-free survival of pancreatic body/tail cancer.

Results : Patients with ENE had lower overall and disease-free survival rates compared with patients without ENE. Even in the same N stage, patients with ENE showed lower overall and disease-free survival rates than those without ENE. However, patients with N1/ENE(+)showed lower overall and disease-free survival rates than those with N2/ENE(-). Additionally, ENE was an independent prognostic factor for pancreatic body/tail cancer after adjusting for potential confounders.

Conclusions : Extranodal extension significantly predicted a poor prognosis among patients with pancreatic body/tail cancer. Especially, ENE may be considered a poorer prognostic factor than the number of LN metastases in pancreatic body/tail cancer. ENE should be considered a prognostic factor in both pancreatic head and body/tail cancer.

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