

**EP 077**

Actual Survival Benefit Of Shifting To Neoadjuvant Chemotherapy As First-line Treatment For Borderline Resectable Pancreatic Cancer

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Background : According to changes in National Comprehensive Cancer Network (NCCN) guidelines from 2016, patients with borderline resectable pancreatic cancer (BRPC) should start to receive chemotherapy as the first line. This study aimed to investigate actual survival benefits after changing treatment guidelines for BRPC in the real world.

Methods : Patients treated for BRPC from 2013 to 2015 and from 2017 to 2019 at a single institution were retrospectively reviewed. They were assigned to the conventional group from 2013 to 2015 and the updated group from 2017 to 2019. Whole patients during the entire period were classified into surgery after neoadjuvant treatment (NT group), upfront surgery (US group), and chemotherapy only (CO group) according to treatment method. Kaplan-Meier method and Cox proportional-hazard models were used for analysis.

Results : 63 patients in the conventional group and 102 patients in the updated group were identified. The median OS of the updated group was longer than that of the conventional group. (29 months vs. 13 months, $p < 0.001$). According to the treatment method, 68 cases of NT, 55 cases of US, and 42 cases of CO groups were identified. The median OS was higher in the NT group (40 months) than the US (16 months, $p < 0.001$) and CO groups (15 months, $p < 0.001$). On multivariable analyses, the NT group was an independent prognostic factor for OS in BRPC (HR, 0.33; 95% CI, 0.21-0.53; $p < 0.001$).

Conclusions : This study demonstrates that shifting to neoadjuvant chemotherapy as first-line treatment for BRPC has improved survival in the real world.

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