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Survival In Resectable Pancreatic Ductal Adenocarcinoma With Para-aortic Lymph Node Dissection: A Retrospective Study In Vietnamese Population

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Background : Pancreatic ductal adenocarcinoma (PDAC) has a high recurrence rate and poor outcome. Lymph node (LN) metastasis, especially para-aortic LN (PALN), is an important prognostic factor. PALN assessment through sampling with frozen-section analysis is a validated method. Our aim was to evaluate the prognostic impact of PALN on overall survival (OS) in patients who underwent standard pancreaticoduodenectomy, lymphadenectomy with PALN sampling, as well as to identify other prognostic factors for survival.

Methods : Our retrospective study included 89 PDAC patients undergoing radical resection with PALN sampling. The patients were classified into PALN(+) (n = 11) and PALN(-) (n = 78). Univariate and multivariate analyses of 1-year and 3-year OS and Kaplan-Meier model were used.

Results : OS after 1-year for PALN(+) and PALN(-) was 18.2 and 56.4%, after 3-year was 15.4% and 0%, respectively. Tumor differentiation, LN metastasis (LN(-), LN(+) PALN(-), LN(+) PALN(+)) were significant prognostic factors in both univariate and multivariate analyses for 1-year OS, and neural invasion (PN) was the solely significant factor for 3-year OS (p < 0.05). Kaplan-Meier estimate showed that OS of PALN(+) and PN (+) was significantly lower than the negative group, respectively (p < 0.05). No statistical difference in OS was seen between LN(-) and LN(+) PALN(-); and between LN(+) PALN(-) and PALN(+) (p = 0.107). Patients with PN (-) PALN(+) had similar OS compared to PN (+) PALN(-) (p > 0.05).

Conclusions : PDAC had a poor outcome despite treatment with radical resection. Further follow-up should be conducted to determine the role of surgery in PALN(+) and PN invasion.

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