

Long-term Outcome according to Recurrence Pattern after Curatively Resection of Pancreatic Cancer

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Background/Aims: The long-term outcome according to the recurrence pattern after curative resection of pancreatic ductal adenocarcinoma (PDA) is not well known. The purpose of this study is to investigate the effect of recurrence patterns of resected PDA on survival.

Methods: In this study, 560 patients who underwent radical resection for PDA at Keimyung University Dongsan Hospital and Seoul National Bundang University Hospital from May 2013 to November 2019 were analyzed. Local recurrence was defined as radiologic evidence of recurrent disease in the remnant pancreas, the surgical bed, or in locoregional nodes. Distant recurrence was defined as recurrence outside these areas.

Results: Of the 560 patients, 460 (82.1%) underwent pancreaticoduodenectomy and the remaining 17.9% underwent distal pancreatectomy. 310 (55.4%) were men and median age was 65.6 years. During a median follow-up of 24.1 months, the median OS for all 560 PDA patients was 21.9 months (95% confidence interval 19.5-24.3 months). Recurrence occurred in 344 (61.4%) patients after surgery: local recurrence, 108 (19.3%); distant recurrence, 210 (37.5%); both of them, 26 (4.6%). Patients with distant recurrence had a shorter survival time than those with local recurrence, but there was no statistically significant difference. (local recurrence, 20.6; distant recurrence, 16.4 months; $p = 0.30$) (Figure 1). Local recurrence occurred at a median of 9.8 months, not significantly different from those with distant recurrence with a median of 10.2 months ($p = 0.78$). The most common metastatic site was liver (28.4%), followed by lymph nodes (23.9%), peritoneum (11.8%), and lung (4.8%). Median OS according to metastasized organs were as follows: liver, 14.4 (95% CI, 12.5-16.3) months; lymph nodes, 18.3 (95% CI, 15.9-20.7) months; peritoneum, 15.0 (95% CI, 11.9-18.1) months, lung, 20.4 (95% CI, 14.8-26.1) months.

Conclusions: There were no significant differences between the time to recurrence and median OS between local and distant recurrence in patients with curatively resected PDA.

