

## Does blood group determinate pancreatic adenocarcinoma also in Jeju island?

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**Background/Aims:** Most genetic risk factors for sporadic pancreatic cancer are unknown, but patients with pancreatic cancer (PC) who have a family history are often seen. The correlation between the ABO blood group system and pancreatic cancer (PC) in Asian, American, and European patients have been often published. However, It is still unclear whether there is a correlation between blood type and PC in Jeju Island where is often classified as a special area in Korea in terms of health and demography. **Methods:** We evaluated 529 patients who underwent PC diagnosis at Jeju National University Hospital between January 1, 2010 and December 31, 2017. The distribution of ABO blood type was compared with the total population of South Korea (A: 34%, B: 27%, AB: 12%, O: 27%) Analysis were, one using the non-parametric Chi2-test (*p*-value two sided; SPSS 12.0) **Results:** Of the 529 patients diagnosed with pancreatic cancer, five had neuroendocrine tumors. There were 171 patients who were not tested for blood type. These patients were excluded from the analysis. Only 352 patients with pancreatic adenocarcinoma who underwent blood test were analyzed. Median age was 73.5(22-98) years. Gender: female 162(46.0%) ; male 190(54.0%). Observed blood group proportions: A 118(33.5%) ; B 102 (29.0%) ; AB 39 (11.1%) ; O 93 (26.4%). We did not find any statistically significant difference between the ABO blood type of PC patients in Jeju Island and the ABO reference distribution system of Korean population (the chi-square statistic is 0.1347. *p*-valu is 0.987). **Conclusions:** The incidence of PC in the Jeju island is not associated with the ABO-system. More detailed studies are needed to determine if there is a relationship between blood type and carcinogenesis.

Table1.

지역		혈액형				경계
한국	제주	A형	B형	AB형	O형	
반도 %	반도 %	34.0%	27.0%	12.0%	27.0%	100.0%
34.0%	34.0%	29.0%	11.0%	26.0%	100.0%	

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	Results				Row Totals
	A	B	AB	O	
Jeju	23 (22.87) [0.00]	19 (18.46) [0.02]	7 (7.62) [0.05]	18 (18.05) [0.00]	67
Korea	34 (34.13) [0.00]	27 (27.54) [0.01]	12 (11.38) [0.03]	27 (26.95) [0.00]	100
Column Totals	57	46	19	45	167 (Grand Total)

The chi-square statistic is 0.1134. The *p*-value is .990186. The result is not significant at *p* < .05.

## Clinical experiences after KD for relapsed or refractory multiple myeloma in Korean real practice

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**Background/Aims:** ENDEAVOR study, which was well-deigned phase III randomized trial, showed promising efficacy and safety profiles of chemotherapy consists of carfilzomib and dexamethasone (KD) for patients with relapsed or refractory multiple myeloma (RRMM). Nevertheless, outcomes in real practice following KD have yet to be investigated. **Methods:** A single center retrospective study of 17 Korean patients receiving KDD for RRMM was conducted. Compared to ENDEAVOR study which excluded patients with high comorbidity, current study included 9 patients with high comorbidity: 2 patients with end-stage renal disease (ESRD), 5 patients with extremely poor performance status (ECOG ≥ 3), and 2 patients with both ESRD and poor performance status. **Results:** More heavily treated (above 3 lines) patients were included in our cohort than ENDEAVOR (76.5% vs. 16%). The overall response rate (ORR) was 41.2%. Median time to response was 1.7 (range, 0.9-2.9) months. After median follow-up with 4.4 (range 0.8-9.3) months, median progression free survival (PFS) was 3.3 months (95% CI, 5.6-not estimable). Except 9 patients with high-comorbidity whose ORR was 55.5%, a subset of 8 patients showed 37.5% of ORR. **Conclusions:** Regarding disastrous outcomes of KD regardless of high-comorbidity compared to ENDEAVOR study, history of heavily previous treatment might be potential factor resulting in poor outcomes of KD.

