

Oncological Outcome Of Conversion Surgery After Preoperative Chemotherapy For Metastatic Pancreatic Cancer

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Background : The role of conversion resection in patients with metastatic pancreatic cancer (mPDAC) and exceptional response to chemotherapy remains unclear.

Methods : Patients who underwent surgical exploration for mPDAC following preoperative chemotherapy between 2006 and 2019 were included. Data on demographics, oncologic treatment, pathology, and postoperative outcomes were analyzed. Uni- and multivariate survival analyses were performed to identify prognostic factors of overall survival.

Results : Some 173 patients underwent surgical exploration after preoperative chemotherapy with FOLFIRINOX (60.1%), gemcitabine-based regimens (31.7%), or other combinations (8.2%). Ninety-three patients underwent resection of the primary tumor and metastatic sites, while 80 patients underwent exploration only. In the resection subgroup, 45 patients had ypM0 and 48 patients had ypM1. Resection was significantly associated with lower CA19-9 levels and absence of peritoneal metastasis. ypM0 status was associated with lower CEA levels and lower ypN stage. Overall survival after resection was 25.5 months in ypM0, 10.7 months in ypM1, and 8.1 months in patients without resection ($P < .001$). Additional adjuvant chemotherapy was significantly associated with prolonged survival in resected patients (29.0 vs 14.8 months, $P = .024$) as well as in ypM0 (29.1 vs 19.2 months, $P = .047$). Multivariable analysis identified conversion surgery, CA19-9 as independent prognostic markers for the entire cohort. CA19-9, ypM0 and adjuvant treatment were independent predictors of survival in the resection subgroup.

Conclusions : In patients with mPDAC and ypM0 status after chemotherapy, surgical resection is associated with encouraging prolongation of survival. Surgical exploration should be considered in mPDAC patients who show an exceptional response to chemotherapy. Adjuvant chemotherapy may provide an additional survival advantage.

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