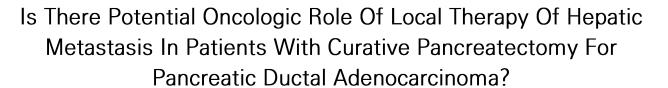


MARCH 3 THU - 5 SAT, 2022 CONRAD HOTEL, SEOUL, KOREA www.khbps.org



& The 56<sup>th</sup> Annual Congress of the Korean Association of HBP Surgery





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**Background**: Current guidelines do not recommend local treatment for metastasis of pancreatic ductal adenocarcinoma (PDAC). This study aims to evaluate the potential value of local treatment of liver metastasis in patients with radical pancreatectomy.

Methods: We retrospectively reviewed patients who underwent pancreatic cancer surgery between 2006 and 2018. Among them, patient who developed liver metastasis and received adjuvant chemotherapy were selected. Cases with metastasis other than liver were excluded. We compared groups that received the local treatment of hepatic metastasis (Group B) and to those that did not (Group A). Cox regression analysis was used to evaluate survival outcome and the prognostic factors in patients with hepatic metastasis after radical pancreatectomy.

Results: Of the 66 patients with liver metastasis, only 10 patients (15%) received local treatment. There are no statistical differences in survival outcome between group A and B (p= 0.1510). Multivariate Cox regression analysis revealed that the number of liver metastasis (HR=1.153, 95% CI:1.008–1.319, P=0.038), Lymphovascular invasion (HR=1.787, 95% CI:0.959–3.330, P=0.067) were independent prognostic factor in these patients. Local treatment of hepatic metastasis was not found to be a meaningful option in these patients.

**Conclusions**: Oncologic role of local treatment of hepatic metastasis is still questionable in patients with hepatic metastasis after radical pancreatectomy. However, there is a lack of research looking into the benefits of local treatment in PDAC with liver metastasis. Especially, in era of potent chemotherapeutic regimens, it is considered meaningful to conduct further research with more study volume.

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