

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



& The 56th Annual Congress of



Use Of Angiotensin Inhibitor Associated With Longer Survival In Patients With Pancreatic Cancer Undergoing Curative Resection

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Background: Microenvironment of pancreatic ductal adenocarcinoma (PDAC) with extensive desmoplastic stroma contributes to the aggressive cancer behavior. Angiotensin inhibitor (ASI) reduces stromal fibrosis resulting in promising therapeutic strategy. The purpose of this study is to analyze whether the use of ASI affects the oncologic outcome in resected PDAC patients.

Methods: The clinicopathologic data and survival outcome of patients who underwent curative resection for PDAC from January 2012 to December 2019 at Severance hospital was retrospectively reviewed.

Results: A total of 418 patients (236 men and 182 women) were enrolled. Median follow-up for the analysis was 12.8 months. Patients were divided into three groups: group 1, Normotensive and never used ASI (n=214, 51.2%); group 2, ASI nonusers with hypertension (n=52, 12.4%); group 3, ASI users with hypertension (n=152, 36.4%). There were no differences among three groups in terms of age, sex, operation type, T stage, N stage, neoadjuvant, and adjuvant therapy. Even there was no significant difference in disease–free survival between ASI users and ASI nonusers (p=0.158), the 5-year overall survival rate in group 1, 2, and 3 were 38.4%, 31.1%, and 51.9%, respectively (p=0.035).

Conclusions: This study shows the use of ASI is associated with significantly prolonged survival rate in resected PDAC patient. This finding could indicate that usage of ASI combined with standard chemotherapy could be simple and effective treatment strategies, especially for whom with hypertension.

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