

Prognostic Relevance Of The Tumor Location In Patients With Resected Left-sided Pancreatic Ductal Adenocarcinoma

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Background : Pancreatic body cancer and tail cancer may have different biologic characteristics according to anatomical location relevant to the adjacent vessels and organs. This study aimed to compare the survival outcomes according to the tumor location in resected left-sided pancreatic ductal adenocarcinoma (PDAC) and to identify the specific preoperative prognostic factors for survival according to the tumor location for selection of candidates for neoadjuvant therapy.

Methods : A total of 333 patients who underwent upfront resection for left-sided pancreatic PDAC from January 2010 to December 2018 at three tertiary hospitals were included in this retrospective study. Clinicopathologic features and oncologic outcomes were compared between pancreatic body (n=169) and tail (n=164) cancer.

Results : No significant difference was found in clinicopathologic characteristics between body and tail cancer, including age, sex, CA 19-9 level, combined resection, T-stage, N-stage, histologic grade, and perineural/vascular invasion between two groups. Although the number of retrieved LNs and R1,2 resection rate was higher in body cancer, there was no difference of overall (P=0.293) and disease-free survival (P=0.234) between two groups. On multivariable analysis, age (≥ 65 years) (HR=1.567, P=0.018) and CA19-9 level (≥ 100 U/mL) (HR=1.484, P=0.026) were independent predictors for overall survival in body cancer, while splenic vein invasion (HR=1.545, P=0.010) was an independent predictor in tail cancer.

Conclusions : Pancreatic body cancer and tail cancer had similar clinicopathologic features and survival rates but different preoperative prognostic factors. These findings suggest that the indication of neoadjuvant treatment for left-sided pancreatic PDAC needs to be differentiated according to the tumor location.

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