Safety and Indication of Pancreas Resection for Elderly Patients of Pancreatic Ductal Adenocarcinoma: The Influence of Preoperative Adjuvant Therapy

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Background

- Although pancreas resection has been recently regarded as a safe surgical procedure, the efficacy of pancreas resection for pancreatic ductal adenocarcinoma (PDAC) for elderly patients, especially after preoperative adjuvant therapy, is still unknown.
- This study attempted to evaluate the safety and indication of pancreas resection for elderly patients of PDAC and to detect the influence of neoadjuvant chemoradiotherapy (NACRT).

Patients and Methods

- One hundred and thirty-four patients undergoing curative resection for resectable (R) and borderline resectable (BR) PDAC between April 2008 and February 2018 at our institution were analyzed.
- Patients were divided into two groups: patients older than or equal to 75 years (the elderly group, n=46) and those younger than 75 years (the younger group, n=88).
- Short (3Gy x 10fr. + S-1 60mg/m²) neoadjuvant chemoradiotherapy (S-NACRT) in 2 weeks (Sep 2009 to May 2016) and long (2Gy x 25fr. + S-1 60mg/m²) neoadjuvant chemoradiotherapy (L-NACRT) in 5 weeks (Jun 2016 to Feb 2018) were given to patients with R or BR PDAC as prospective clinical trials (shown in the following figures).
- Although pancreas resection has been recently regarded as a safe surgical procedure, the efficacy of pancreas resection for elderly patients is still unknown. NACRT could be introduced and completed even for elderly patients without serious problem.

Results

- Table 1. Comparison of preoperative variables
- Table 2. Comparison of intraoperative variables
- Table 3. Comparison of postoperative and pathological variables

Conclusions

- NACRT could be introduced and completed even for elderly patients without serious problem.
- Pancreas resection for elderly patients with PDAC could be safely performed even after NACRT.
- NACRT might lead to improve prognosis even for elderly patients who tend to be difficult to complete postoperative adjuvant therapy.

< Overall Survival >

Figure 1a. Comparison of overall survival (OS) and relapse free survival (RFS) after surgery between the groups. There was no significant difference both in OS and RFS. The 3-year OS and MIF of the elderly and younger groups were 45 and 52 %, and 27 and 58 months, respectively.

< Relapse Free Survival >

Figure 1b. Subgroup analysis for postoperative adjuvant chemotherapy and NACRT is Elderly group (n=46). The elderly patients with completion of postoperative adjuvant chemotherapy had significantly better OS than those without completion or induction of it. NACRT did not significantly affect OS; however, there was a trend for improvement of OS (P=0.072).

< Overall Survival >

Figure 2a. For elderly group (n=46). Elderly patients with completion of postoperative adjuvant chemotherapy had significantly better OS than those without completion or induction of it. NACRT did not significantly affect OS; however, there was a trend for improvement of OS (P=0.072).

< Relapse Free Survival >

Figure 2b. Subgroup analysis for postoperative adjuvant chemotherapy and NACRT is Elderly group (n=46). The elderly patients with completion of postoperative adjuvant chemotherapy had significantly better OS than those without completion or induction of it. NACRT did not significantly affect OS; however, there was a trend for improvement of OS (P=0.072).

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COI Disclosure: Hironobu Suto

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