



Western Surgical Association 2020 Annual Meeting

Monday, November 9, 2020
4:00pm – 6:15pm Pacific Time
-- Virtual Meeting --

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17. SURVIVAL AFTER MARGIN POSITIVE RESECTION IN THE ERA OF MODERN CHEMOTHERAPY FOR PANCREATIC CANCER: DO PATIENTS STILL BENEFIT?

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Background: R0 resection for pancreatic cancer is considered standard of care, but unfortunately not always achieved. In the era of modern chemotherapy for pancreatic cancer, it is unclear if there is a benefit to surgery if R0 resection cannot be achieved. This study looks at R1/R2 resection outcomes compared to chemotherapy alone. Our hypothesis is that patients with microscopic positive (R1) disease have better outcomes than chemotherapy alone.

Methods: Stage II pancreatic cancers that underwent R1/R2 surgery with/without NAC from 2010-2015 were identified in the NCDB database and compared to similar staged patients who received chemotherapy alone. We compared demographics, pathologic data, and outcomes between surgical patients with residual tumor (R1/R2) and chemotherapy alone. The surgical group was then analyzed by subset based on receipt of chemotherapy: surgery alone, neoadjuvant therapy (+/- adjuvant therapy), adjuvant therapy only. Patients who died within 2 months or were lost to follow-up within 2 months of initial treatment and those that underwent no treatment at all were excluded in analysis.

Results: A total of 24,185 Stage II pancreatic cancer patients were included of which 21,642 (89.5%) were treated with chemotherapy alone, 2.2% (n=530) surgery only, 1.8% (n=437) neoadjuvant therapy with surgery (+/- adjuvant), and 6.5% (n=1,576) surgery with adjuvant therapy. Patients undergoing R1 resection after neoadjuvant had the best survival (median survival 20.47 months, adjusted HR 0.48, $p < 0.001$) compared to chemotherapy alone (median survival 10.22 months). For patients undergoing R2 resection, survival was better in surgical patients with neoadjuvant therapy compared to patients who underwent chemotherapy only (15.76mo vs 10.22mo, $p = 0.06$). Patients with R1/R2 resections had improved survival if they received neoadjuvant or adjuvant chemotherapy though the survival rates were significantly lower than standard R0 resections (n=16,129).

Conclusion: Though R0 resection is standard of care, R1 resection still has benefit over chemotherapy alone. Pancreatic cancer patients that are left with microscopic R1 disease have better survival than without surgery, particularly in the setting of neoadjuvant therapy.