

## AB056. P027. Preoperative chemotherapy for resectable pancreatic cancer improves prognosis of node positive pancreatic head cancer

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**Abstract:** Recently, preoperative chemotherapy or chemoradiotherapy has been tried to improve the prognosis of pancreatic cancer after resection. We retrospectively evaluate the efficacy of preoperative neoadjuvant chemotherapy (NAC) with gemcitabine (GEM) based regimen for resectable pancreatic cancer. Between 2006 and 2015, NAC with GEM was performed for 52 cases out of 86 resectable pancreatic cancer cases in our department. In the Response Evaluation Criteria in Solid Tumors (RECIST) guidelines for the treatment effect, partial response (PR) in 5 cases, stable disease (SD) in 35 cases and progressive disease (PD) in 2 cases were respectively observed. However, standardized uptake value (SUV<sub>max</sub>) values of fluorodeoxyglucose-positron emission tomography (FDG-PET) and cancer antigen 19-9 (CA19-9) values were

significantly reduced after preoperative chemotherapy. The treatment effect was grade I in 31 patients, grade IIa in 8 and grade IIb in 3 cases, judged with the Evans grading system. There were not significant differences in overall 5-year survival rate between the NAC group (pancreatic head cancer 45.4% and pancreatic body and tail cancer 26.7%) and control (non-NAC) group (pancreatic head cancer 29.2% and body and tail cancer 47.1%). However, survival period of the NAC group was slightly extended compared with the control group in the patients with node positive [Union for International Cancer Control (UICC) stage IIB] pancreatic head cancer. On the other hand, in early recurrent cases within a year, significantly higher CA19-9 value of peripheral blood and higher lymph node metastasis and plexus invasion rates were observed. In conclusion, NAC with GEM prolong survival period of node positive pancreatic head cancer cases, and it is considered that PET-CT and tumor marker (CA19-9) is useful for judgment of preoperative treatment effect. Furthermore, high CA19-9 value, lymph node metastasis and plexus invasion would be the risk factors of early tumor recurrence after surgery.

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