



AB102. P076. Preoperative panel of CA 19-9, coagulation FVIII, fibrin turnover marker D-dimer and thrombin time predicts postoperative survival in pancreatic ductal adenocarcinoma

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Background: Pancreatic ductal adenocarcinoma (PDAC) is one of the leading causes of cancer-associated death worldwide. It is often diagnosed at a late stage, but even after surgery survival is poor. CA 19-9 is the most used tumor marker for PDAC, and it correlates with survival. PDAC associates with enhanced coagulation activity. The aim of this study was to explore whether a combination of CA 19-9, FVIII, D-dimer and thrombin time (TT) predicts outcome after surgery better than CA 19-9 alone.

Methods: Patients (n=124) were operated during 2010–2015 in Helsinki. Patients were divided into two groups: local (n=94) and metastasized (n=30) disease. Neoadjuvant treatments

(NT) were recorded. The median (IQR) follow-up time was 1.9 (1.2–2.4) years for local and 0.82 (0.47–0.97) years for metastasized PDAC. The time and causes of death were checked. CA 19-9, FVIII, TT and D-dimer were analyzed preoperatively. The results were analyzed with a 10-point panel score. Kaplan-Meier survival analysis was made.

Results: The median panel score was 7 (IQR, 6–8) for local and 8 (IQR, 8–9) for metastasized PDAC. Of the local PDAC, 73% had scores of 7 or more and 44 were alive at follow-up. All patients with metastasis were deceased. In local PDAC panel score of 7 or more predicted worse survival ($P=0.001$), regardless of NT. The panel did not predict survival in metastasized disease. CA 19-9 alone predicted worse survival only in local PDAC when over 340 kU/L (n=22).

Conclusions: Preoperative CA 19-9 combined with FVIII, D-dimer and TT can predict survival after PDAC surgery. Further studies are needed to determine whether patients with a high panel score could benefit from prolonged postoperative anticoagulant medication.

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