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Prognosis of the Pancreatic Carcinoma

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Purpose: Currently, pancreatic exocrine carcinomas present with low resectability rates and poor survival, even after curative surgery. In this article, the clinicopathological characteristics, and treatment outcomes, of patients are analyzed and discussed.

Methods: Between 1983 and 2000, 106 exocrine pancreatic carcinoma patients were operated on at our institute. The medical records of 95 patients diagnosed with a ductal adenocarcinoma were reviewed, and the postoperative follow up results analyzed.

Results: The locations of the tumors were the head, body and diffusely spread in 76 (80.0%), 17 (17.9%) and 2 (2.1%) patients, respectively. Of the 95 patients, 29 underwent surgical resection (resectability rate; 30.6%), 33 palliative bypass procedures and the other 33 an exploration only. The 1-, 3-, and 5-year survival rates in the resection group were 66.7%, 19.8% and 9.9%, respectively. In the non- resection group the 1-year survival rate was 3.3%, with a mean survival period of 5.5 months. The overall 1-, 3- and 5-year survival rates were 23.0%, 6.6%, and 3.3%, respectively. From a multivariate analysis, the location of tumor (P=0.0067), TNM stage (P=0.0010) and resectability of tumor (P<0.0001) were all significant prognostic factors.

Conclusion: Pancreatic carcinomas have very low resectability, with a bad prognosis, and long term survival can only be obtained by their early detection and curative resection. (J Korean Surg Soc 2003;64:332-337)

Key Words: Pancreatic carcinoma, Prognosis, Resectability
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가 .(1,2) 가 가 , 가 가 .(3,4) 가 ,

1983 2000
106 (ductal adenocarcinoma) 95
(mucinous cystadenocarcinoma) 5 , (acinic cell carcinoma) 2 , (intraductal papillary mucinous carcinoma) 2 , (solid and papillary epithelial neoplasm) 1 , (metastatic carcinoma) 1 . 95

、 2002 1 7 87 SAS Kaplan-Meier log-rank test .

1) 18 77 50 60 가 35 가 73.7%

22 (23.2%)가

1 , 3 , 5

1 , 3 , 5

, 14.8

2 ,

1 가

| | . 69 , | 26 | 7 | | | (23.2% |
|----------------------|-------------------|-------------|---|------------------|--------------------|----------|
| 2.7:1 . | 20/ | 45 | 2 | 11 , | 4 , | 1 |
| (47.4%), 38 (40.0 | | (8.4%) | 2 , | 1 , | 1 , | 1 |
| , , | , , CEA가 67.4% | CA 10 0 | | 3 (3.2%) 1 , | , | 1 |
| 75.8% | CEA7 07.4% | , CA19-9 | | 1 , | , | 1 |
| | 76 (80.0%), | 가 17 | • | | | |
| (17.9%) | | (2.1%) | 3) | | | |
| (Table 1). 2002 AJCC | | (5) IA | | | 87 1 | 3 |
| , , , | %), IIA 4 (4.2%) | , , | , | 23.0%, 6.6%, 3.3 | | , , , |
| | , IV 30 (31.5%) | 3 | 10.0 | 6.0 | | |
| 74.8% | , 17 30 (31.3%) | 3 | 12.2 , | | 3 , 5 | |
| 29 | . 9 | (31.0%), | 66.7%, 19.8%, 9 | | 26.3 | 3 |
| 17 (58.6%), | 3 (10.4%) | , , , , , , | | . 7 / 0 | | .3% |
| | 가 . | , 13 | 2 | 가 . | | 5.5 |
| 2) | | | | | | |
| 2) | | | (P<0.0001)(Fig. 1 | a). | | |
| 95 29 | 가 | | 1 , 3 , 5 | 76.2%, 2 | 5.5%, 12.8% | |
| 30.5% . | 66 | 33 | 31.8 | | (6) | |
| (34.7%), | 33 (34.7%) | | 7.2 | 1 | フ | ŀ |
| 76 | 20 (26.3%), | | (P<0.0001). | | | |
| 17 7 (41.2%), | 2 2 | (100.0%) | フ | ł . | | |
| 가가 (Table | 1). | | | | 1 | , 3 , |
| 1 2 24 | 가 | | 18.8% | 7.1%, 2.4% | | |
| 100.0% 3 41 | 2 4.9%, 4 | 30 3 | 43.8%, 6.3%, 0.0 | % . | 4 | |
| 10.0% | | | | | 11.5 | , 14. |
| 23 (79.3%) | 20 18 (90. | 0%), | , 3.0 | | | |
| 7 3 (42.9) | %), 2 | 2 (100%) | | (P | 2=0.0191)(Fig. 2). | |
| | 20 | | 1,3 | 5 | 68.8%, 27.8%, | 0.3% |
| | 12 | | 1,5 | , 3 | 00.070, 27.070, | 7.5 /0 |
| 가 1 . | 7 | | | | | |
| . 1 1 | 2 | | 1.0 | Sta | atus | |
| | <i>2</i> | 33 | 0.9 - | | Resection | |
| · • | 2 , | 33 4 | 0.8 | | Bypass/e | xplorati |
| ۷. | <i>-</i> , | т,, | £ 0.7 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |

Table 1. Surgical treatment of pancreatic carcinoma according to the location of tumor

| Location — | Surgical treatment | | | | |
|------------------|--------------------|------------|-----------------|--|--|
| Location — | Resection (%) | Bypass (%) | Exploration (%) | | |
| Head (n=76) | 20 (26.3) | 33 (43.4) | 23 (30.3) | | |
| Body/tail (n=17) | 7 (41.2) | 0 | 10 (58.8) | | |
| Diffuse (n=2) | 2 (100.0) | 0 | 0 | | |
| Total (n=95) | 29 (30.5) | 33 (34.7) | 33 (34.7) | | |

Resection Bypass/exploration Sruvival probabili Sruvival probabili 0.0 0.3 0.3 0.6 -0.2 0.1 0.0 0 50 100 150 200 250 Time

Fig. 1. Survival curves for patients with pancreatic carcinoma after operation. The survival of patients after resection was superior to those after bypass procedures or exploration only (P<0.0001).

50.0%, 8.3%, 0.0% (P=0.0005).29.0 , 18.4

(IA, IB) 1 , 3 , 5 100.0%, 33.3%, 11.1% 2 (IIA, IIB, 3, 4 47.3%, 가 가 15.2%, 4.1% 3 (P<0.0001)(Fig. 3). 1 (IA, IB), 2 (IIA, IIB), 38.8 , 13.2 9.3 , 5.9

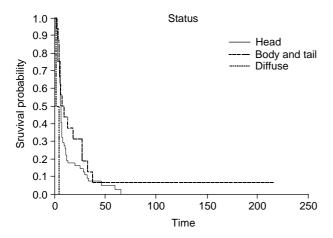


Fig. 2. Survival curves for patients with pancreatic carcinoma according to the location of tumor. Patients with body and tail carcinomas had better survival than those with head carcinoma (P=0.0191).

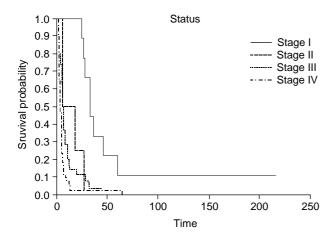


Fig. 3. Survival curves for patients with pancreatic carcinoma according to the TNM stages. There was a significant difference in survival rate between the patients with stage I disease and the other groups (P< 0.0001) (stage I = IA, IB, stage II = IIA, IIB).

| Table 2. Prognostic factors of pancreatic carcinoma | | | | |
|---|---|-----------------------|--|--|
| Variable | Mean survival (mo) | P-value (log-rank) | | |
| Age | | 0.7513 | | |
| < 50 | 13.3 | | | |
| 50~59 | 13.1 | | | |
| 60~69 | 10.3 | | | |
| > 70 | 12.6 | | | |
| Gender | | 0.0155 | | |
| Male | 9.5 | | | |
| Female | 17.7 | | | |
| Tumor size | | 0.1419 | | |
| < 5 cm | 16.0 | | | |
| 5~10 cm | 9.3 | | | |
| > 10 cm | 9.2 | | | |
| CA 19-9 | | 0.0621 | | |
| < 40 U/ml | 25.9 | | | |
| > 40 U/ml | 10.2 | | | |
| Capsule invasion | | 0.0027 | | |
| Absent | 22.5 | | | |
| Present | 9.6 | | | |
| Vessel invasion | | < 0.0001 | | |
| Absent | 28.5 | | | |
| Present | 7.5 | | | |
| Lymph node | | 0.0154 | | |
| Negative | 34.4 | | | |
| Positive | 13.9 | | | |
| Tumor location | | 0.0191 | | |
| Head | 11.5 | | | |
| Body/Tail | 14.8 | | | |
| Diffuse | 3.0 | | | |
| TNM stage | | < 0.0001 | | |
| Stage IA, IB | 38.8 | | | |
| Stage IIA, IIB | 13.2 | | | |
| Stage III | 9.3 | | | |
| Stage IV | 5.9 | | | |
| Treatment | | < 0.0001 | | |
| Resection | 26.3 | | | |
| Bypass/Explore | 5.5 | | | |
| (P=0.0155), | 가 | (P= | | |
| 0.0191), | (P<0.0001), | (P= | | |
| 0.0027), | (P<0.0001), | (P=0.0154) | | |
| | TNM | (P<0.0001) | | |
| , | | proportional hazard | | |
| model | (====================================== | (P=0.0067), | | |
| | | | | |
| TNM (P=0.0010), | | (P<0.0001) | | |

4~5 가 가 가 가 2000 10 .(1,6) 가 가 (1,2,6) 10 ~ 30% 95 29 30.6% 41.2% 26.3%, .(2,7-9)90.0% 42.9% 가 20 2 12 .(10) 가 87.4% 47.4%, 40.0% 1978 Traverso (19)3 4 가 가 (20) (2) 84.2% 가 Balcom ,(21) Jimenez (22) 가 가 가 가 . Fortner (23) 가 Fujio (24) 가 가 .(11) 가 .(25-27) 26.6%,(1) 23%,(2) , 가 .(12) 30%,(6) 12.3%,(1) 2%,(2) 10.7%(6) 23.2%, 3.2%. CA19-9 80% 가 가 5 10% (28) .(12) Nazli (13) CA19-가 . Trede CEA가 100% 가 (29) 5 25%, 가 CA19-9 5 36% . 75.8% CA 19-9 Willett (30) 13%, 5 22% 가 5 9.9% 가 가 5 12.8% . 5.5 (14-16) Testi (17) 가 1 3.3%, 가 Catz-snir (18) 11.5 14.8 가 가

TNM

29.0 18.4 가 가 Came-(31)ron 가 가 5 Nitecki (32)6.8% 가 (33). Geer 가 가 2.5 cm 가 가 CA19-9

30.5% 26.3%, 41.2% 79.3% 90.0% 42.9% 5 9.9% 1 3.3% 5.5 11.5 , 14.8 29.0 , 18.4 . TNM (IA,IB) 5 1 , 2 3 11.1% 가 가 가 가

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