

A DESCRIPTIVE ANALYSIS OF THE NATURAL CLINICAL COURSE OF PDAC PRIMARILY TREATED WITH MFOLFIRINOX: INITIAL RESECTABILITY DOES NOT CORRELATE WITH PROGNOSIS

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Background : The natural course of primarily FOLFIRINOX-treated PDAC patients remains underreported despite its widespread usage. In this study, our aim was to observe the clinical course of such patients.

Methods : We enrolled patients with biopsy-confirmed PDAC, without metastasis, who received mFOLFIRINOX as their first-line treatment for PDAC at Seoul Asan Medical Center between January 2017 and December 2020. Two academic radiologists, blinded to patient outcomes, retrospectively assessed the initial resectability based on the NCCN criteria.

Results : A total of 778 patients were included in the study. Among them, 119 (15.3%) were categorized as resectable, 428 (55.0%) as BRPC, and 231 (29.7%) as LAPC. The median overall survival for the entire cohort was 21.6 months, with no statistically significant difference in survival among the three NCCN resectability groups (23.4 vs. 21.4 vs. 21.4 months, $p=0.14$). However, patients who underwent successful resection had significantly longer overall survival compared to those who did not (41.6 vs. 17.1 months, $p<0.0001$). Among resectable PDAC cases, 84 (71%) underwent exploration with 79 (67%) achieving resection. In BRPC cases, 185 (41%) underwent exploration, and 167 (39%) had successful resection. In LAPC cases, 23 (13%) underwent exploration, and 23 (10%) underwent successful resection.

Conclusions : In conclusion, our study focused on the clinical course of PDAC patients primarily treated with FOLFIRINOX. We observed that the NCCN resectability criteria did not significantly impact overall survival. However, patients who underwent successful tumor resection experienced significantly prolonged survival. This underscores the importance of surgical intervention in eligible PDAC cases to improve patient outcomes.

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