

## COMPARATIVE CLINICAL IMPACT OF PORTAL VEIN/SUPERIOR MESENTERIC VEIN ENCASEMENT VERSUS ABUTMENT IN PANCREATIC CANCER PATIENTS WITH MODIFIED FOLFIRINOX NEOADJUVANT CHEMOTHERAPY

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**Background** : The degree of portal vein/superior mesenteric vein (PV/SMV) involvement that constitutes borderline resectability of pancreatic cancer in NCCN guidelines, and its relationship to prognosis, remain controversial. In this study, we examined the prognostic significance of the degree of PV/SMV contact in patients with pancreatic cancer who received neoadjuvant chemotherapy to optimize treatment strategies based on the extent of PV/SMV involvement.

**Methods** : Patients with histologically confirmed pancreatic head cancer who received modified FOLFIRINOX as initial treatment between 2017 and 2020 were retrospectively reviewed. The patients were classified as PV/SMV abutment group and encasement group.

**Results** : Among 192 patients, 43 patients were PV/SMV abutment group, and 149 patients were PV/SMV encasement group. There was no survival difference between PV/SMV abutment group and encasement group (Median OS 23.4 vs. 21.7 months,  $p=0.98$ ). In patients who underwent curative resection, post-resection OS and disease-free survival also did not differ between two groups. Multivariable Cox regression analysis identified that PV/SMV abutment vs. encasement was not a predictive factor of survival outcomes, but the age  $\geq 65$  and initial CA 19-9 level  $\geq 150$  U/mL were associated with overall survival.

**Conclusions** : In pancreatic head cancer patients who received modified FOLFIRINOX as initial treatment, patients with PV/SMV abutment had no survival benefits compared to patients with PV/SMV encasement. Instead, age and CA 19-9 level were independent predictors of poor survival, supporting that the current NCCN classification is insufficient to predict patients' prognosis so that biological and conditional factors have to be considered when deciding surgical resectability and establishing a therapeutic plan.

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