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IMPACT OF NEOADJUVANT THERAPY ON ONCOLOGIC OUTCOMES IN RECURRENT PANCREATIC DUCTAL ADENOCARCINOMA: A MULTICENTER RETROSPECTIVE STUDY

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Background : Pancreatic ductal adenocarcinoma (PDAC) is characterized by high recurrence rates after surgical resection. Despite growing evidence on improved survival outcomes after neoadjuvant therapy (NAT), the impact of NAT on oncologic outcomes in recurrent PDAC remains unclear. This study aims to compare the oncologic outcomes of recurred PDAC patients treated with NAT versus upfront surgery (US).

Methods : This multicenter, retrospective cohort study included 935 patients with recurrence after curative resection between 2010 and 2020. The patients were divided into two groups: NAT followed by surgery (n=185) and US (n=750). Recurrence pattern, time to recurrence (TTR), and post-recurrence survival were compared between the two groups.

Results : Borderline resectable cancer was more frequent in the NAT group compared to the US group ($p < 0.001$). Distant recurrence was observed more frequently in the US group (p=0.023). The NAT group was associated with a longer TTR (median, 16.0 vs 10.4 months, p=0.002) and post-recurrence survival (16.0 vs 10.5 months, $p < 0.001$) compared to the US group. However, the median overall survival (29.1 vs 24.6 months, p=0.177) was not significantly different between the two groups. Early recurrence (<6 months) was significantly more frequent in the US group than in the NAT group (4.3 vs 27.5%, p<0.001). Multivariate analysis identified NAT as an independent predictor for long-term survival (>3 years) after recurrence (HR = 1.44; 95% CI: 1.13-1.83, p = 0.0034).

Conclusions : This study demonstrates that NAT enhances oncologic outcomes in recurrent PDAC patients, including longer TTR, reduced early recurrence, improved post-recurrence survival.

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