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EFFECT OF POSTOPERATIVE GLYCEMIC CONTROL ON SURVIVAL FOLLOWING PANCREATODUODENECTOMY IN PATIENTS WITH EXTRAHEPATIC BILE DUCT CANCER

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Background : Poor postoperative glycemic control in diabetic patients was reported to affect the decrease in survival of bladder, liver, and pancreatic cancers, but there were no studies regarding bile duct cancer. We investigated overall and recurrence-free survivals of patients who underwent pancreatoduodenectomy for extrahepatic cholangiocarcinoma.

Methods : From June 2001 to August 2018, 129 patients performed pancreatoduodenectomy due to extrahepatic bile duct cancer. The patients were divided into two groups based on HbA1c of 6.5% measured 3 to 6 months following surgery: (1) Patients with HbA1c $<$ 6.5% (2) Patients with HbA1c $\geq$ 6.5%. Overall survival (OS) and recurrence-free survival (RFS) were compared between those two groups. In addition, prognosis factors including HbA1c level were analyzed for survival.

Results : Overall survival was marginally longer in patients with postoperative HbA1c $<$ 6.5% than in patients with postoperative HbA1c $\geq$ 6.5% (52.0 months vs. 32.0 months; p=0.0701). Postoperative HbA1c $\geq$ 6.5% did not significantly affect both OS and RFS. Lymph node positivity was a negative prognosis factor affecting both OS and RFS. Perioperative red blood cell transfusion influenced RFS.

Conclusions : Postoperative HbA1c $\geq$ 6.5% did not significantly influence OS or RFS, but it marginally decreased OS after PD for extrahepatic bile duct cancer. Investigation with a larger number of patients is necessary in the future.

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