

Tumor Size and Diabetes Are the Most Important Pre-Operative Prognostic Factors Influencing Survival After Pancreaticoduodenectomy in Pancreas Cancer Patients

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Context The median survival in resected pancreatic ductal adenocarcinoma (PDAC) is about two years. However, a considerable percentage of patients die within the first year after resection. **Objective** The aim of this study was to evaluate pre-operative factors predicting a short survival after pancreaticoduodenectomy (PD) for PDAC. **Methods** One hundred consecutive patients undergone PD for PDAC without in-hospital mortality from October 2006 to July 2010 were retrieved from our prospective database. The cohort was divided by survival into short term (≤ 12 months: group A) and long term (>12 months: group B) survivors and evaluated regarding pre-operative factors including age, weight loss, BMI, tumor size and proximity (no contact-contact) to the portal/mesenteric

vein (PV/SMV). **Results** No significant differences were found between group A (n=27) and group B (n=73) regarding mean age (68 ± 2 vs. 66 ± 1 years; $P=0.3$), weight loss (87% vs. 85%; $P=1.0$), BMI (24 ± 0.6 vs. 24 ± 0.5 kg/m²; $P=0.7$) or adjuvant treatment. Group A had bigger tumors (35 ± 2 mm vs. 29 ± 1 mm; $P=0.01$) but no significant difference in proximity of the tumor to the PV/SMV (contact: A 67% vs. B 49%; $P=0.2$) or venous resections. Group A had more frequently pre-operative diabetes (33% vs. 9.6%; $P=0.01$) compared to group B. **Conclusion** Tumor size and pre-operative diabetes seems to be important negative prognostic factors for survival after PD for PDAC.