

膵癌術後のリンパ節再発は再発後の予後不良因子である

Lymph node recurrence was a significant poor prognostic factor after the recurrence of pancreatic cancer

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**Background:** Chemotherapy, gemcitabine and nab-paclitaxel (GnP) or FOLFIRINOX, improves prognosis of patients with postoperative recurrent pancreatic carcinoma. However, the relationship between prognosis after recurrence and the clinicopathological factors remains unknown. This study aims to reveal factors related to poor prognosis after recurrence of pancreatic cancer.

**Methods:** We retrospectively analyzed clinicopathological parameters in 28 patients who were treated with chemotherapy using GnP or FOLFIRINOX as 1st line against pancreatic cancer after curative surgery since 2015. We used log-rank and cox-hazard analyses to evaluate significant prognostic factors between prognosis after recurrence and clinicopathological factors.

**Results:** This study included 18 males and 10 females with a median age of 69 (53 - 79). Median survival time (MST) after recurrence was 17.0 months. Under univariate analysis with log-rank analysis, these factors were related with poor prognosis after recurrence; CA19-9 > 257 U/L ( $p = 0.036$ ), number of lymph node metastasis at curative surgery  $\geq 3$  ( $p = 0.011$ ), disease-free interval < 223 days ( $p = 0.031$ ), lymph node recurrence ( $p < 0.001$ ) and peritoneal dissemination recurrence ( $p = 0.030$ ) were poor prognosis factors. The regimen of chemotherapy as 1st line (GnP or FOLFIRINOX) did not affect the prognosis after recurrence ( $p = 0.1193$ ). Under multivariate analysis with cox-hazard analysis, lymph node recurrence was a significant poor prognosis factor (hazard ratio 7.759, 95% confidence interval 2.002 - 30.07,  $p = 0.003$ ). MST after lymph node recurrence and the other sites' recurrence were 6.9 months and 19.2 months, respectively.

**Conclusion:** Lymph node recurrence of pancreatic carcinoma after curative surgery was a significant poor prognostic factor after recurrence.