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In A World Of Neoadjuvant Chemotherapy, What Is The More Reliable Indicator For Prognosis Between Response Evaluation Methods Based On Imaging And Tumor Marker In Pancreatic Ductal Adenocarcinoma?

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Background : In an era where neoadjuvant chemotherapy is increasing, methods of response evaluation to neoadjuvant chemotherapy are inaccurate and inconsistent among institutions. In addition, evidence on the efficacy of additional chemotherapy after neoadjuvant chemotherapy and surgery is still lacking.

Methods : In total, 150 patients who underwent neoadjuvant FOLFIRINOX chemotherapy and curative-intent pancreatectomy were identified. Patients were stratified by a biochemical response, based on normalization of CA 19-9, and a radiologic response based on size change at imaging.

Results : Patients were classified as three subgroups: biochemical responders (BR+), radiologic only responders (BR- /RR+), and non-responders (BR-/RR-). The 5-year overall survival rate was highest for BR+ (62.5%) compared to BR- /RR+ (46.9%), or BR-/RR- (27.6%) ($P < 0.001$). In addition, response to neoadjuvant chemotherapy (HR, 1.99 [3.79]; 95% CI, 1.11–3.59 [2.40–5.97]; $P = 0.022$ [$P < 0.001$]; BR-/RR+ [BR-/RR-] compared with BR+) was also identified as significant risk factors for recurrence. Regarding completion of chemotherapy after surgery, the 3-year OS rates were significantly higher in patients who completed chemotherapy than those who did not in BR+, BR-/RR+ and BR-/RR-, respectively.

Conclusions : This useful response evaluation method to neoadjuvant chemotherapy can be easily applied in practice and reflects prognosis precisely. In addition, patients who underwent neoadjuvant chemotherapy should try to complete chemotherapy after surgery regardless of responses to neoadjuvant chemotherapy.

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