

P103**Role of surgical resection in the era of FOLFIRINOX for advanced pancreatic cancer**

Yoonhyeong BYUN¹, Youngmin HAN¹, Jae Ri KIM¹, Hongbeom KIM¹, Wooil KWON¹, Sun-Whe KIM¹, Jin-Young JANG^{*1}, Do-Youn OH², Kyung-Hun LEE², Woo Hyun PAIK², Sang Hyub LEE², Ji Kon RYU², Young-Tae KIM²

¹Department of Surgery, Seoul National University Hospital, Korea

²Department of Internal medicine, Seoul National University Hospital, Korea

Introduction : The introduction of FOLFIRINOX regimen greatly changed the treatment regimen for advanced pancreatic cancers. However, detailed studies on the clinical effects and factors affecting the prognosis are insufficient. We performed this study to evaluate the effects of FOLFIRINOX and the role of surgical treatment in the era of FOLFIRINOX against advanced pancreatic cancer.

Methods : A total of 342 patients with advanced pancreatic cancer who initially received FOLFIRINOX, from January 2011 to December 2017, were retrospectively reviewed. Patients were re-evaluated according to the NCCN guideline, responses after 4–6 cycles of FOLFIRINOX were evaluated according to RECIST, and further treatment was decided in the multidisciplinary meeting.

Results : A total of 68 (19.9%) patients had borderline resectable pancreatic cancer (BRPC), 126 (36.8%) locally advanced pancreatic cancer (LAPC), and 148 (43.3%) metastatic pancreatic cancer. Regarding the response after FOLFIRINOX, 107 (31.3%) had partial response (PR), 187 (54.7%) stable disease (SD), and 48 (14.0%) progressive disease (PD). The median survival period was significantly longer in the surgical group than in the nonsurgical group in each clinical stage: BRPC, 33 vs. 14 ($p=.011$); LAPC, 27 vs. 15 ($p=.002$), and metastatic pancreatic cancer, 34 vs. 13 months ($p=.010$). In multivariate analysis, metastatic stage ($p=.020$), PD after FOLFIRINOX ($p<.001$), and curative operation ($p<.001$) were significant prognostic factors.

Conclusions : Surgical treatment greatly affects survival outcomes in advanced pancreatic cancer treated with FOLFIRINOX, even for the metastatic ones. Further studies on the optimal indication of operation and the protocol and effects of radiotherapy are needed for better outcomes.

Corresponding Author. : **Jin-Young JANG** (jangjy4@gmail.com)