

P105**Intraoperative transfusion: A controllable independent prognostic factor of resected pancreatic cancer**

Si Youn KIM¹, Ho Kyoung HWANG^{2,3}, Seung Yun NOH^{2,3}, Woo jung LEE^{2,3}, Chang Moo KANG^{*2,3}, Eun Ju LEE⁴, Jin Ae LEE⁴

¹Yonsei University College of Medicine, Yonsei University College of Medicine, Korea

²Division of Hepatobiliary and Pancreatic Surgery, Department of Surgery, Yonsei University College of Medicine, Korea

³Pancreatobiliary Cancer Center, Yonsei Cancer Center, Severance Hospital, Korea

⁴Biostatistics Collaboration Unit, Department of Biomedical Systems Informatics, Yonsei University College of Medicine, Korea

Introduction : The aim of this study is to investigate whether intraoperative transfusion(IOT) is a prognostic factors to predict long-term oncologic outcomes of resected pancreatic cancer.

Methods : Respective analysis was performed on patients who underwent pancreatectomy from June 2004 to December 2014 at Severance Hospital.

Results : Among 305 patients who underwent pancreatectomy, the recurrence and disease-specific survival rates of the patients who received IOT showed significantly poorer survival outcomes compared to those who did not($P = 0.0194$, $P = 0.0053$). And estimated blood loss(EBL) of the patient was one of the most powerful predicting factors for IOT($P < 0.0001$). In univariate analysis, IOT(HR=1.42[95% CI: 1.05-1.92], $P=0.0239$), T status(≥ 2 cm, HR=2.09[95% CI: 1.31-3.32], $P=0.0020$), N status(N1&N2, HR=1.67[95% CI: 1.26-2.2], $P=0.0003$), and presence of symptoms(HR=1.6[95% CI: 1.1-2.32], $P=0.0239$) were analyzed to predict tumor recurrence. Also, IOT(HR=1.57[95% CI: 1.14-2.17], $P=0.0063$), T status(≥ 2 cm, HR=2.36[95% CI: 1.46-3.83], $P=0.0005$), N status(N1&N2, HR=1.66[95% CI: 1.22-2.24], $P=0.0011$), and presence of symptoms(HR=1.57[95% CI: 1.05-2.36], $P=0.0281$) were analyzed to predict disease-specific survival rate in resected pancreatic cancer. Subsequent multivariate analysis showed that T status(HR=1.96[95% CI: 1.21-3.18], $P=0.0067$), N status(HR=1.68 [95% CI: 1.25-2.27], $P=0.0006$) and presence of symptoms (HR=1.52[95% CI: 1.03-2.22], $P=0.0335$) were independent prognostic factors that predicted tumor recurrence. In addition, it showed that IOT(HR=1.76[95% CI: 1.2-2.59], $P=0.0042$), T status(HR=2.35[95% CI: 1.41-3.91], $P=0.0010$), N status(HR=1.61[95% CI: 1.17-2.23], $P=0.0039$) and presence of symptoms(HR=1.58[95% CI: 1.03-2.41], $P=0.0359$) were independent prognostic factors that predicted disease-specific survival in resected pancreatic cancer.

Conclusions : Intraoperative transfusion (IOT) act as an independent prognostic factor in resected pancreatic cancer. Therefore IOT should be avoided if possible.

Corresponding Author. : **Chang Moo KANG** (cmkang@yuhs.ac)