

LONG-TERM SURVIVAL AFTER RESECTION OF INVASIVE INTRADUCTAL PAPILLARY MUCINOUS TUMORS OF THE PANCREAS IS THE SAME AS PANCREATIC DUCTAL ADENOCARCINOMA

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Background: We have observed almost an epidemic of intraductal papillary mucinous tumors of the pancreas (IPMT). These tumors when invasive are considered to have a better prognosis after resection than ductal adenocarcinoma of the pancreas (PanCa). However few reports are available to support this perceived better prognosis for invasive IPMT. The primary aim of this study was to compare the long-term survival after resection for invasive IPMT versus PanCa.

Patients and Methods: Between Feb.1996 and Dec. 2003, 80 patients underwent pancreatic resection for IPMT [34 adenoma, 19 borderline tumor, 12 carcinoma in situ (CIS), 16 invasive carcinoma], while 87 patients were resected for PanCa. All clinical, pathological features and follow up data were reviewed. The survival of all IPMT cases was compared to patients with PanCa. Then invasive IPMT cases were matched to PanCa patients according to TNM stage with similar follow-up time. Survival curves were calculated using Kaplan-Meier methods. Prognostic factors affecting survival for invasive IPMT were analyzed using univariate (log rank test) and multivariate (Cox regression model) analysis.

Results: Postoperative overall 5-year survival rate for IPMT lesions was 88% for benign lesions (none died of cancer), 100% for CIS, and 28% for invasive IPMT while it was 32% for PanCa (P=0.84, inv IPMT vs. PanCa). The survival of invasive IPMT patients versus matched PanCa patients also showed no difference in long-term survival (p=0.58). Uni- and multivariate analysis showed that lymph node involvement was the only factor predictive of poor survival in patients with invasive IPMT.

Conclusion: In this limited series the long-term outcome after resection with in situ IPMT was favorable, whereas the outcome of invasive IPMT was just as poor as patients with PanCa. We recommend early surgery for the premalignant lesions to prevent invasive IPMT. Adjuvant therapy is necessary for invasive IPMT just as PanCa.