

## E30

### Clinical outcome of resected non-ampullary duodenal adenocarcinoma: A single center experience

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**Background** : The present study aimed to figure out the clinical outcome and prognostic factors of resected non-ampullary duodenal adenocarcinoma (NADA) in a single tertiary cancer center.

**Methods** : Between January 2000 and December 2018, 109 consecutive patients with NADA underwent surgical resection with curative intent at Samsung Medical Center (Seoul, South Korea). Their medical records were retrospectively reviewed.

**Results** : The mean age was 62.4 years with a male predominance (70.6%). Majority of tumor location was 2nd portion of the duodenum (58.7%), and 96 patients (88.1%) underwent pancreaticoduodenectomy. Fifty-seven patients (52.3%) had symptoms at the time of diagnosis, including jaundice, weight loss, abdominal pain, or projectile vomiting. CA19-9 was elevated in 32 patients (29.4%). Of this cohort, 92 patients (84.4%) were T3 or T4, and 70 (64.2%) were stage III. The median overall survival was 92.9 months, and the 1-, 3-, and 5-year survival rates were 84.4%, 71.6%, and 53.7%, respectively. In univariate analysis, age, symptoms, CA19-9, and margin status were associated with overall survival, but in multivariate analysis, margin status was not. When correlating symptoms with tumor stages, patients with symptoms at the time of diagnosis had more advanced stages (all  $p < 0.001$ ).

**Conclusions** : Old age, elevated CA19-9 and symptoms were independent prognostic factors of NADA, and the patients with symptoms at the time of diagnosis tend to have more advanced stages and poor prognosis.

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