

Predictors in Determining Recurrence of Pancreatic Cancer

Lesly Almanzar

Kean University

Reed Johnson

Luther College

Alexandria Leonhardt

Cornell College

Evelyn Rodriguez Correa

Pontifical Catholic University of Puerto Rico



http://www.pancreatic.org/site/c.htJYJ8MPIwE/b.887625/k.9A08/Pancreatic_Cancer.htm

Outline:

- Background Information
- Aim
- Experimental Designs
- Descriptive Statistics
- Events Variables
- Analytical Methods
- Conclusion
- Acknowledgments

What is Pancreatic Cancer?

- Malignant neoplasm originating from transformed cells arising in tissues forming the pancreas
- Tenth most common cancer and the fourth most common cause of cancer related deaths in the United States and the eighth worldwide
- Most diagnoses result in death

Treatments:

- Pancreatic cancer patients are generally treated with chemotherapy, radiation and surgeries
- Primary operation usually results in liver metastases

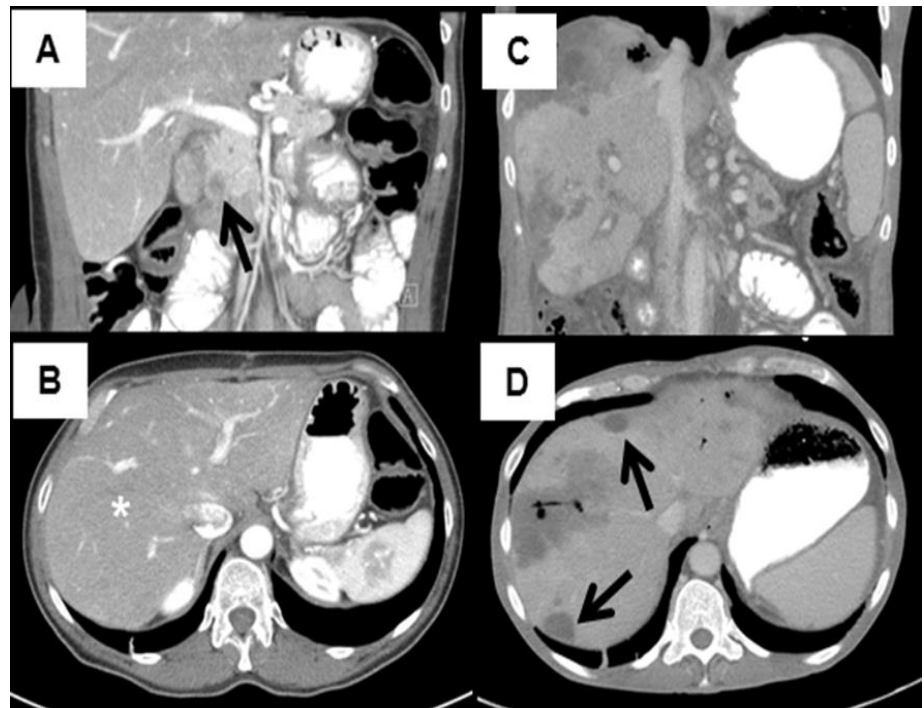
Example of early recurrence in the liver following complete resection of pancreatic cancer.

A and B

52 year old female had a tumor in the head of the pancreas. Note liver with no signs of cancer.

C. And D.

5 months post-resection, the patient presented with multiple liver metastasis including a superinfected tumor with abscess formation.



- It is currently unknown which variables are predictive of early disease and liver recurrence following pancreatectomy for pancreatic cancer.
- “Being able to predict early recurrence may change treatment strategy in patients with this disease and also provide important information to stratify patients for clinical trials.” (Aeen Asghar, 2013)

Aim:

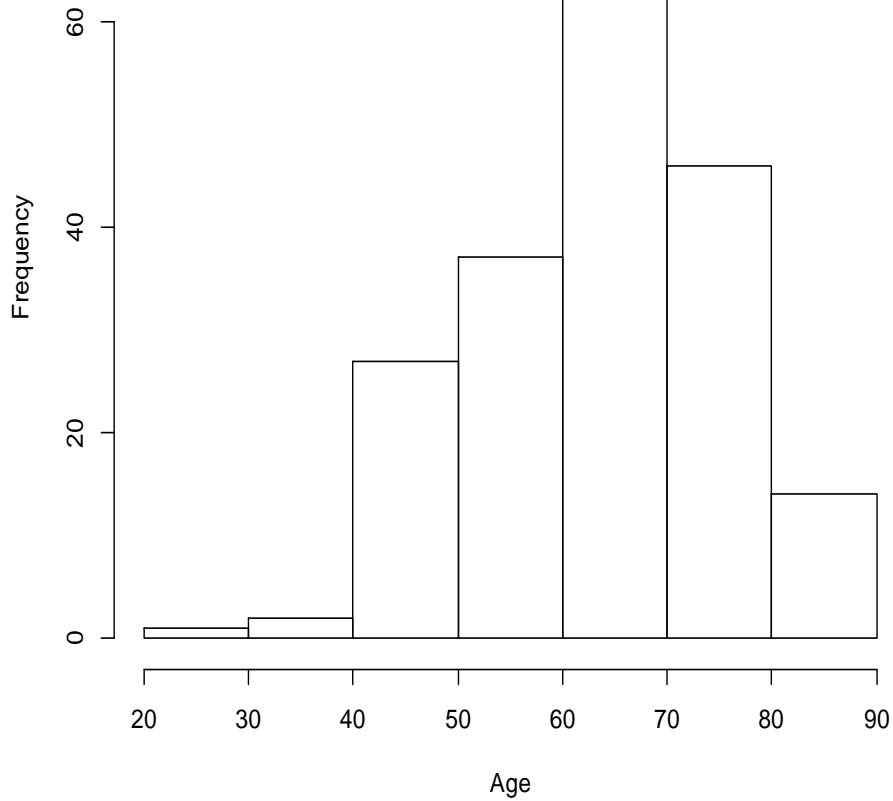
To investigate preoperative, intraoperative, and postoperative clinical and pathologic variables to determine factors that predict early recurrence following resection

Experimental Design:

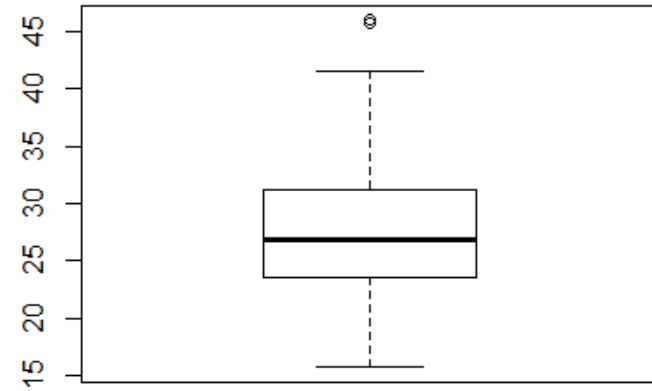
- Data set was previously collected by Aeen Asghar (BS, BA) and James J. Mezhir (MD)
- Data was collected from 1996-2013
- 201 patients
 - All underwent operation
 - Had not metastasized

Summary Statistics

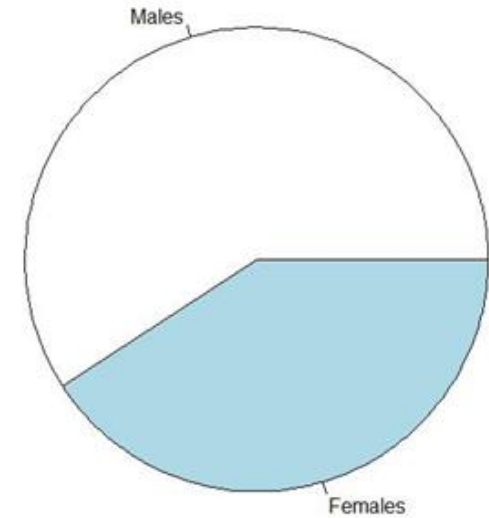
Age at Operation



PreOp BMI

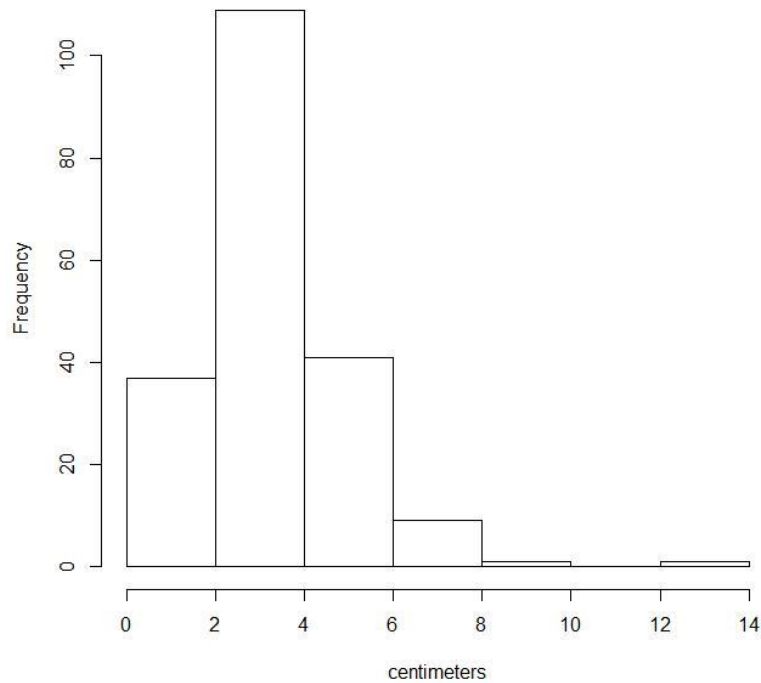


Gender

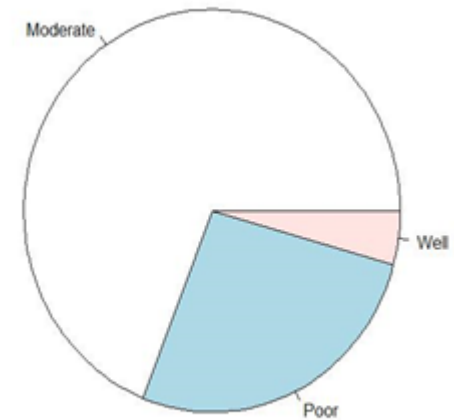


More Summary Statistics

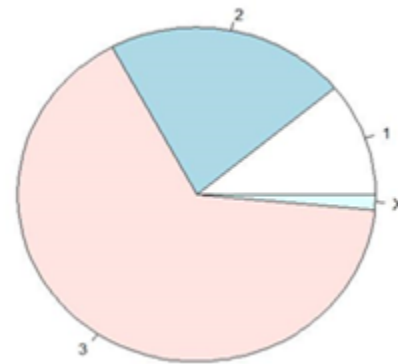
Tumor Size



Tumor Grade



Tumor Pathology (Path T)



R1: tumor < 2cm

R2: tumor outside pancreas, no major blood vessels

R3: moved into large blood vessels or nerves

Rx: unknown

Event:

Predicting:

- overall recurrence
- recurrence in the liver
- death as a result of recurrence

Event Variables:

Patients who:	Recurrence	Liver Recurrence	Death
Had Event	111	53	154
No Event	31	89	47
Unknown	59	59	0

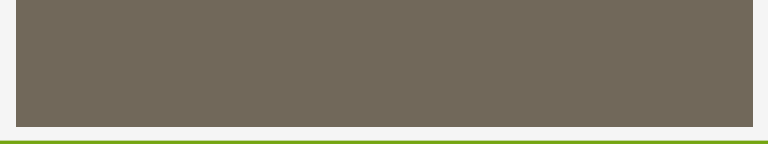
Cox Regression:

- Test significance of predictors on clinical outcomes
- Estimate their effect on risk of event

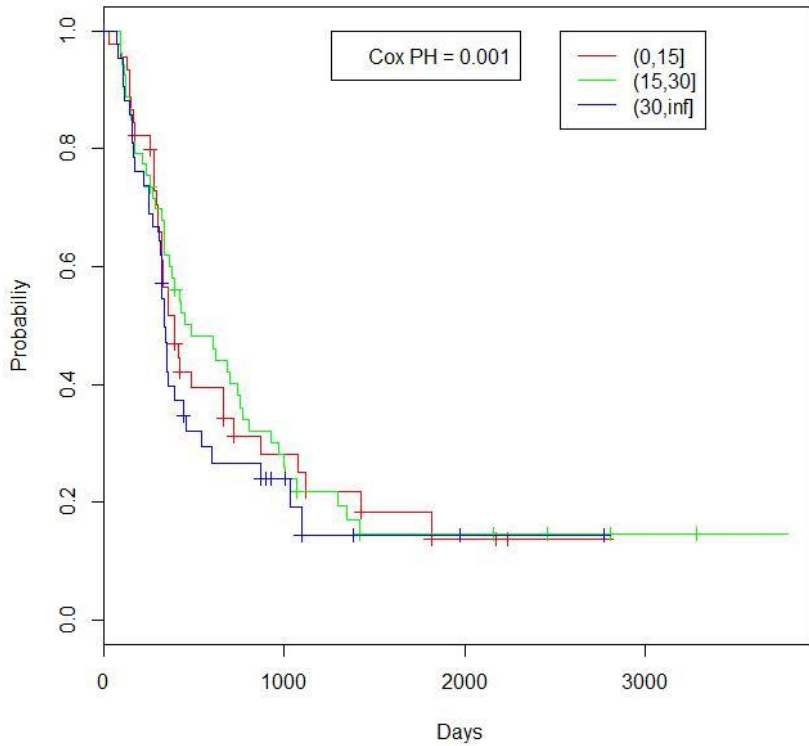
By:

- Univariate analysis
 - Individual effect
- Multivariate analysis
 - Combined effect or adjusted effect

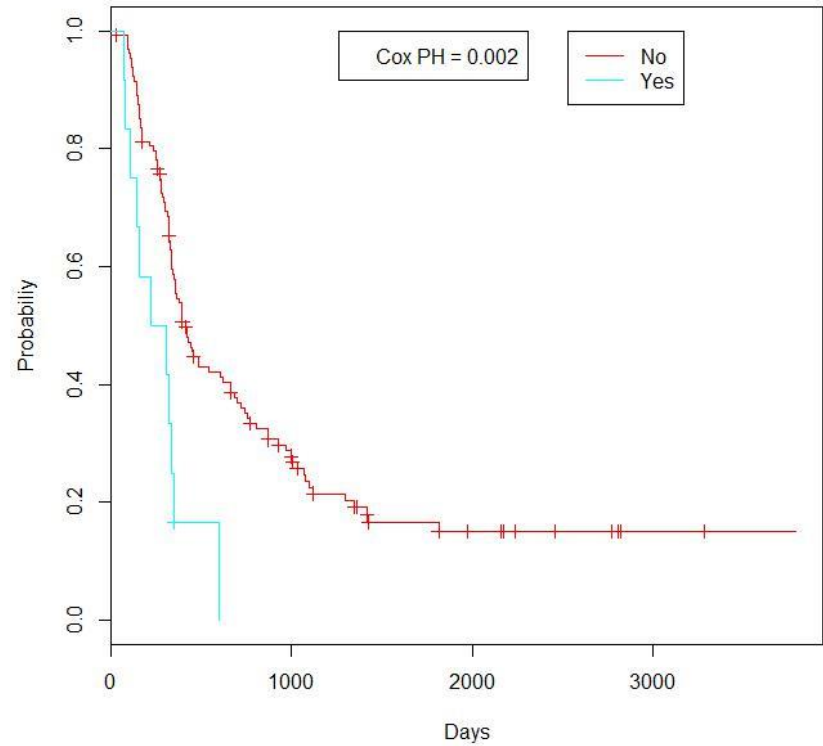
Univariate Analysis



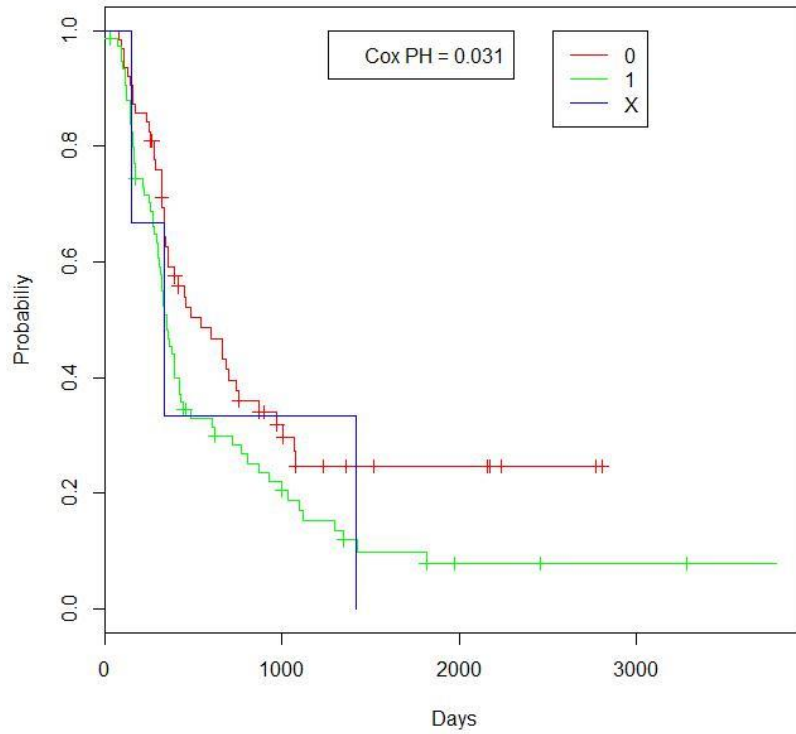
Event = Recurrence / Predictor = Time between Dx and Op



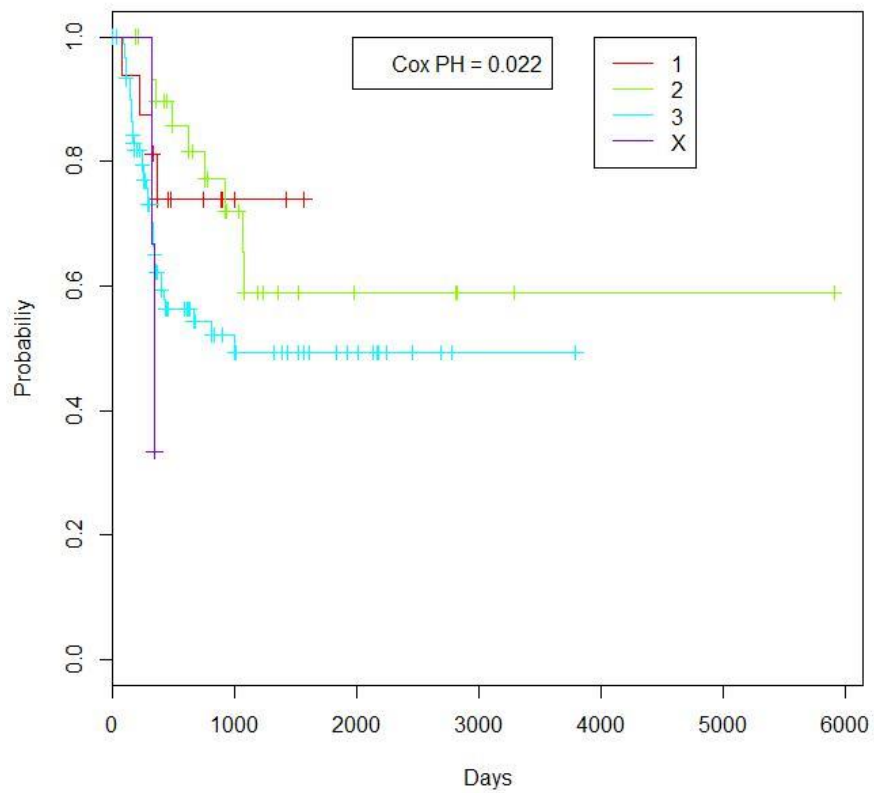
Event = Recurrence / Predictor = Neoadjuvant



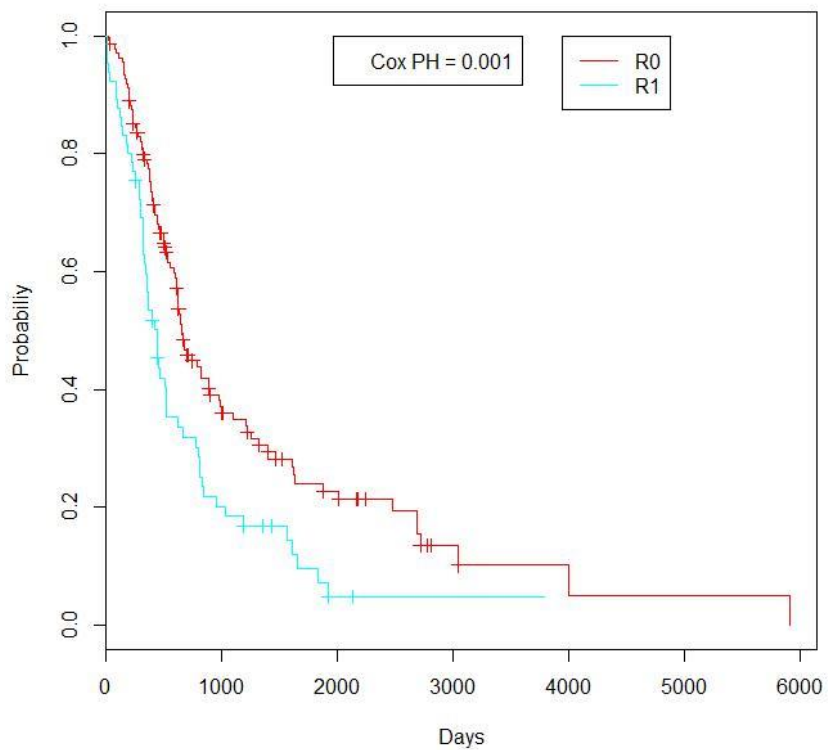
Event = Recurrence / Predictor = Path N



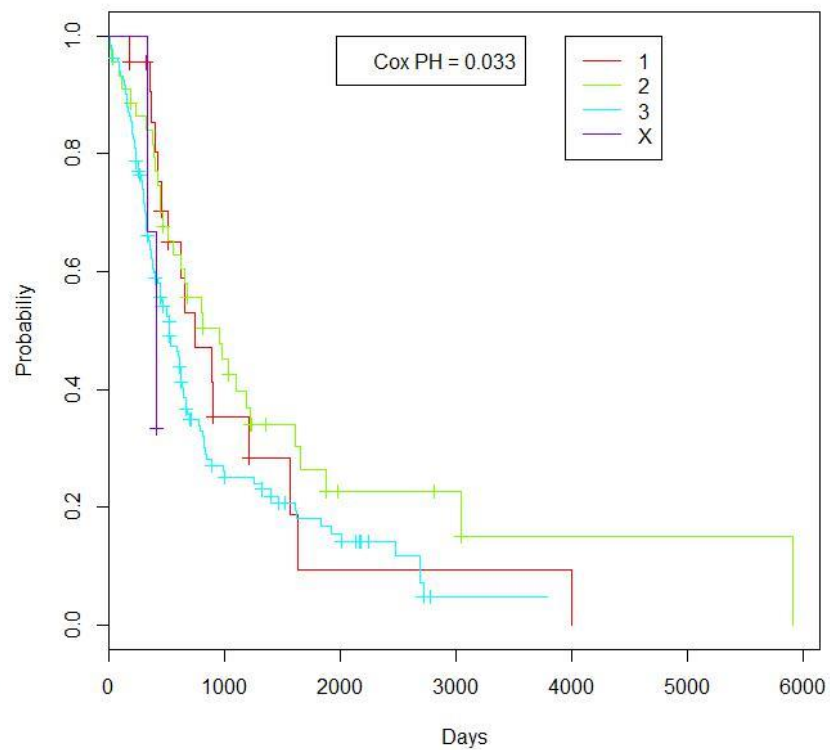
Event = Liver / Predictor = Path T



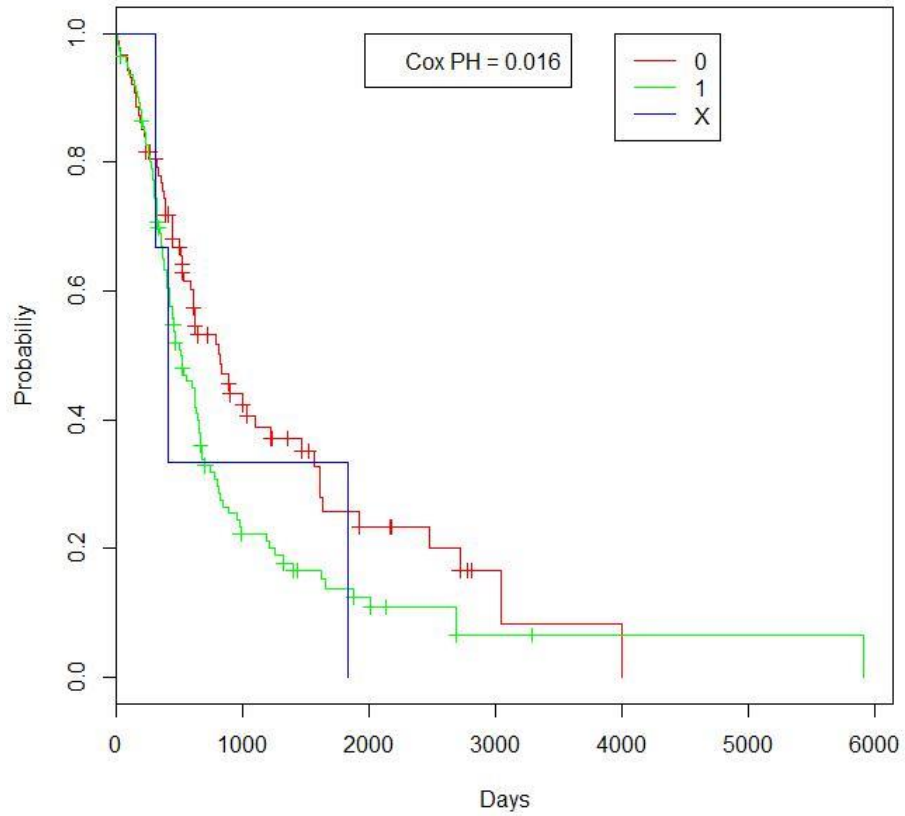
Event = Death / Predictor = R Status



Event = Death / Predictor = Path T



Event = Death / Predictor = Path N



	Recurrence	Liver	Death
Age	0.347	0.507	0.185
Gender	0.459	0.218	0.434
PreOp BMI	0.219	0.295	0.166
Tumor Size	0.790	0.818	0.811

	Recurrence	Liver	Death
Time btwn Dx and Op	<i>0.001</i>	0.064	0.103
PreOp CA 19-9	0.061	0.400	0.071
Neoadjuvant	<i>0.002</i>	0.302	0.243
Operation Type	0.575	0.755	0.508
R Status	0.147	0.215	<i>0.001</i>
Grade	0.425	0.891	0.804
Path T	0.087	<i>0.022</i>	<i>0.033</i>
Path N	<i>0.031</i>	0.522	<i>0.016</i>
Lymph Node Ratio	0.147	0.651	0.058

Variables in blue we used for the multivariate analysis

Multivariate Analysis

Hazard Ratios

- A hazard ratio is the ratio between two hazard rates
- A hazard rate for our events are recurrence rate, liver recurrence rate, and mortality rate
- Hazard ratios show whether a specific predictor increases or decreases the risk of having an event relative to a baseline
 - Very similar to an odds ratio

Event	Predictor	Hazard Ratio	P-value
Recurrence	Path N - 0	1.00	0.048
	Path N - 1	1.40 (1.01 – 1.96)	
	Path N - X	1.96 (1.02 – 3.84)	
	Time between Diagnosis and Operation	1.06 (0.98 – 1.13)	0.134
	Neoadjuvant - No	1.00	0.710
	Neoadjuvant - Yes	1.23 (0.40 – 3.82)	

Event	Predictor	Hazard Ratio	P-value
Liver Recurrence	Path T - 1	1.00	0.015
	Path T - 2	1.67 (1.08 – 2.59)	
	Path T - 3	2.78 (1.16- 6.70)	
	Path T - X	4.65 (1.25- 17.33)	

Event	Predictor	Hazard Ratio	P-value
Overall Survival	R Status - 0	1.00	0.015
	R Status - 1	1.54 (1.09 - 2.17)	
	Path T - 1	1.00	0.118
	Path T - 2	1.22 (0.95 - 1.57)	
	Path T - 3	1.48 (0.90 - 2.46)	
	Path T - X	1.81 (0.85 - 3.86)	
	Path N - 0	1.00	0.112
	Path N - 1	1.28 (0.94 - 1.74)	
	Path N - X	1.63 (0.89 - 3.02)	

Conclusion:

- Patients characteristics are less significant in predicting recurrence than cancer progression at time of diagnose
- Doctors decide to perform surgery on lower risk patients decreasing variability among the data set

Acknowledgments:

We would like to thank Brian Smith for his guidance, knowledge and direction with our research experience.

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