

The Clinicopathological Features and Prognosis of Pancreatic Ductal Adenocarcinoma with Concurrent Carcinoma *in Situ*

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Abstract

Background/Objectives: The prognosis of pancreatic cancer is poor. Although some case reports have revealed that the prognosis of pancreatic ductal adenocarcinoma (PDAC) with carcinoma *in situ* (CIS) is better than that of PDAC without CIS, this finding has not been fully validated. Therefore, this retrospective study investigated the prognosis of PDAC with CIS (CIS⁺ PDAC) at our institution.

Methods: Of the 267 patients with PDAC (January 1981-December 2011), we retrospectively analyzed the clinicopathological data of eight patients with CIS⁺ PDAC. We compared the prognosis of these patients 8 with that of 79 patients with PDAC without CIS (CIS⁻ PDAC).

Results: The overall survival of CIS⁺ PDAC patients was significantly higher than that of CIS⁻ PDAC patients ($P=0.0068$). Patients with CIS⁺ PDAC had multiple favorable prognostic factors, including well differentiated adenocarcinoma ($P=0.0267$), smaller tumor sizes ($P=0.0299$) and R0 surgery ($P=0.0005$). Furthermore, the incidences of retroperitoneum tissue invasion and lymph node metastasis were lower in CIS⁺ PDAC than in CIS⁻ PDAC. A multivariate analysis revealed that CIS was an independent prognostic factor.

Conclusions: CIS⁺ PDAC is associated with a significantly better prognosis than CIS⁻ PDAC.

Key words: pancreatic ductal adenocarcinoma, pancreatic cancer, carcinoma *in situ*, prognosis