

A MATCHED COHORT ANALYSIS OF 136 PANCREATIC ANAPLASTIC CARCINOMAS AND 695 PANCREATIC ADENOCARCINOMAS: A 13-YEAR NORTH AMERICAN EXPERIENCE USING THE NATIONAL CANCER DATABASE.

A. Paniccia MD, P.W. Hosokawa MS, R. D. Schulick MD FACS, J. S. Merkow MD, C. Gajdos MD.

**Background.** Anaplastic pancreatic carcinoma (APC) is a rare and poorly characterized disease. We sought to compare the clinical characteristics and outcome of APC to pancreatic adenocarcinoma (PAC).

**Method.** The American National Cancer Database (NCDB) was queried for patients diagnosed with resected APC and PAC using diagnostic and surgical codes. APC cases were matched 1:5 with PAC's based on age, gender, race, pathologic tumor stage, margin status, use of adjuvant therapy and Charlson co-morbidity score.

**Result.** One-hundred and sixty-four and 48420 patients were diagnosed with APC and PAC between 1998-2011. Following 1:5 matching, 139 APC and 695 PAC were analyzed. Mean age at diagnosis was 65 years for both groups. The median tumor size was 50 mm (35–70) vs. 34 mm (25–65;  $p<0.001$ ), the median number of nodes examined was 10 (5-17) vs. 11 (7–18;  $p<0.001$ ), and the median number of positive nodes was 0 (0-3) vs. 1 (0-3;  $p=0.015$ ) for APC and PAC. The median length of hospital stay was 8 days (6–12) vs. 10 days (7–14;  $p=0.008$ ). Adjuvant chemotherapy and radiotherapy were administered in 40% and 27% of the cases in both groups. The median overall survival from diagnosis was 9.56 (3.22-26.71) vs 13.14 (6.41–25.46) months ( $p= 0.076$ ).

**Conclusion.** While APC is thought to have a more aggressive biology, in our matched analysis, patients with resected APC have larger tumors, less frequent nodal involvement, and similar overall survival compared to PAC.