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Clinical outcomes of patients with resected acinar cell carcinoma of the pancreas: A Korea Tumor Registry System Biliary Pancreas (KOTUS-BP) database analysis

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Introduction: Given the rare incidence of the pancreatic acinar cell carcinoma (PACC), the post-resection clinical outcomes remains still unclear, and treatment strategies have relied on that of pancreatic ductal adenocarcinoma (PDAC).

Methods: The present study retrospectively investigated the clinicopathologic characteristics of resected PACC of 54 patients registered in the Korea Tumor Registry System Biliary Pancreas (KOTUS-BP) database between March 2003 and March 2020.

Results: Among 54 patients, with a mean age of 59 years and a male predominance (81.5%), there were 38 pure PACC (70.4%), five ductal differentiations (9.3%), seven mixed neuroendocrine carcinomas (13.0%), and four intraductal and papillary variants (7.4%). A mean tumor size was 4.6 cm consisting of seven at T1, 25 at T2, and 22 at T3 stages. Metastasis to regional lymph node was identified in 13 patients (24.1%). Twenty-eight patients (51.9%) received adjuvant chemotherapy (5-fluorouracil-based [n = 15]; gemcitabine-based [n = 13]). The 5-year survival rate was 54.6% with a median survival of 78.8 months. In survival comparison according to the stages of American Joint Committee on Cancer system, N stage (lymph node metastasis) showed significant differences ($p = 0.008$), but T stage did not derive any significant difference.

Conclusions: The resected PACC appears to have clinical outcomes distinct from the PDAC in this nation-wide study. Therefore, large-scale multinational studies are needed to overcome the rarity of PACC and to establish appropriate treatment strategies and staging system.

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