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Role of adjuvant treatment in ampulla of Vater cancer

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Lecture: Ampulla of Vater (AoV) carcinoma is a rare tumor that accounts for approximately 0.2% of gastrointestinal malignancies. There are no clinical guidelines concerning the treatment of AoV carcinoma. Thus, this study aimed to investigate the effectiveness of adjuvant treatment in patients with AoV carcinoma who underwent curative resection and to define the “high-risk” group that would benefit from adjuvant treatment after curative resection.

Currently, most hospitals are providing adjuvant treatment after curative resection for AoV carcinoma even without established criteria or indications. Histological type, differentiation type, advanced T stage, and node positivity, a risk factor associated with poor prognosis, have been the most important factors in determining adjuvant treatment for AoV carcinoma. However, these have not been identified as risk factors in determining adjuvant treatment.

In this study, the use of adjuvant treatment (chemotherapy/concurrent chemoradiotherapy) after curative resection of AoV carcinoma is not statistically associated with improved survival. In early-stage disease (T1N0, T2N0), adjuvant treatments adversely affected patient survival. The high-risk group (node-positive or advanced T stage [T3, T4]) treated with adjuvant treatment was not statistically associated with improved survival; however, our study showed that the adjuvant treatment for the high-risk group might help achieve better patient outcome.

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