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Multivisceral Surgical Resection of Locally Advanced Pancreatic Neuroendocrine Tumor is Associated with a Survival Benefit

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BACKGROUND

In patients with locally advanced pancreatic neuroendocrine tumors (PNET), surgical resection is associated with improved survival. There is a paucity of data whether there is a benefit for multivisceral resection for locally advanced PNET compared to pancreatectomy alone. This study investigated the association of surgical resection on overall survival comparing pancreas specific and multivisceral resection for PNET.

METHODS

The Surveillance, Epidemiology and End Results Program (SEER) database was utilized to identify patients with PNET between 1/1/2000 and 12/31/2018. Survival was modeled using Kaplan-Meier analysis and multivariable Cox proportional hazards models.

RESULTS

A total of 8605 patients were analyzed. Stage included localized (3147, 36.5%), regional (1685, 19.5%), distant (3474, 40.3%) and missing (299, 3.7%). Tumor size correlated with stage: localized 1.9 cm [IQR 1.2-3.1], regional 3.5 cm [IQR 2.4-5.5], and distant 4.5 cm [IQR 3.0-6.4], $p=0.001$. Among these patients, 4403 (51.2%) did not undergo surgery, 3624 (42.2%) underwent pancreas specific surgery (PSS) and 578 (6.7%) underwent multivisceral surgery. In the multivisceral surgery group, median overall survival was similar to PSS 41 months [95% CI 37-47] versus 45 months [95% CI 44-48] ($p=0.9$, Figure). Distant disease (HR 1.4 [95%CI 1.3-1.5]) and no receipt of surgery (HR 1.4 [95%CI 1.3-1.6]) were independent predictors of poor overall survival ($p<0.0001$).

CONCLUSIONS

Overall survival was similar in patients who underwent multivisceral and pancreas specific surgery for PNETs. When feasible, multivisceral surgery should be considered for selected patients within the confines of multidisciplinary strategies.

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