

FACTORS PREDICTING THE OVERALL SURVIVAL AND EFFECTIVITY OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN PATIENTS WITH EXTRAHEPATIC CHOLANGIOCARCINOMA AFTER PROGRESSION

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Introduction - Purpose: Inoperable biliary tract cancers have an aggressive clinical course and limited sequential chemotherapy options. They present lower overall survival rates especially after post progression with chemotherapy. Endoscopic retrograde cholangiopancreatography (ERCP) is commonly used in extrahepatic cholangiocarcinomas (ECC) presented with hyperbilirubinemia with expectation of improvement in worsening liver function tests due to obstruction to provide the administration of palliative chemotherapy. In clinical practice, we frequently experience patients who are not available for chemotherapy even after ERCP and who exhibit short survival times. In this study, we aimed to investigate the factors that predict the overall survival of patients with ECC and the effectivity of ERCP especially after progression with standard chemotherapy

Methods - Tools: retrospectively screened patients who were diagnosed as ECC with ERCP between November 2012 and December 2016 and who were not eligible for curative treatment options and also underwent ERCP due to elevation of cholestasis enzymes. Survival analysis were performed after grouping patients as ERCP at the diagnosis and ERCP after progression with chemotherapy, and it was aimed to determine the clinical and demographic data that could predict the eligibility to chemotherapy. Patients' age, gender, location of tumor (hilar or distant tumor), liver-limited disease or non-hepatic metastasis status, preoperative AST (≤ 150 vs > 150 U/L), neutrophil/lymphocyte ratio, platelet count, prothrombin time (PT) (≤ 14 sec) were recorded. Overall survival (OS), OS after ERCP, whether chemotherapy is taken or how many line chemotherapy is taken were recorded. Categorical groups were assessed using the chi-square test. Student t test was used to compare 2 independent groups of variables with normal distribution. The Kaplan Meier method was used to predict life probabilities and the life curves were compared with the log-rank test.

Findings: At the time of diagnosis, there were 153 patients who underwent ERCP with cholestasis, and, 125 patients who underwent ERCP with cholestasis after progression with chemotherapy. Demographic and clinical data of the patients are summarized in Table 1. The OS of the patients was 11.6 months (± 7.6). Lower levels of AST (< 80 IU/L), ALT (< 80 IU/L), direct bilirubin (< 7.5 mg/dl), PT (< 14 sec), ALP (< 240 mg/dl) and higher levels of albumin (> 3.5 g/dl) were strongly predictive for OS in patients requiring ERCP at the diagnosis (Table 2). Albumin and bilirubin values were determined as independent predictors when these values were modeled (Table 3). At the time of diagnosis, levels of AST, ALT, direct bilirubin, albumin, ALP and PT were predictive in chemotherapy receiving rates (Table 2). In patients undergoing ERCP after progression with chemotherapy, mean OS after the procedure was 18.7 (± 9.9) weeks and 70.4% of the patients were able to receive chemotherapy. The mean survival time of chemotherapy-treated patients was 22.5 weeks (± 9.1), while the patients who did not receive chemotherapy were 9.6 weeks (± 3.8). It was observed that liver limited disease, lower AST, ALP levels and higher albumin levels were strong predictor factors for chemotherapy receiving rates after ERCP procedure. In patients undergoing ERCP after progression, survival over 12 weeks was shown to be predicted by ALP and albumin levels (Table 4).

Discussion : In our study, hypoalbuminemia and hyperbilirubinemia were found to be independent risk factors for overall survival in patients with extrahepaticcholangiocarcinomas, and that albumin and alkaline phosphatase levels in patients with ERCP after progression with chemotherapy were predictors of 12 weeks survival and chemotherapy receiving rates.

Keywords: kolanjiyokarsinoma, Endoskopik Retrograd Kolanjiopankreotografi, saękalım, prediktif deęerler

Tablo 1

Tablo 1: Demografik ve klinik veriler

Tablo 2

Tablo 2: Tanı anında ERCP yapılan hastalarda genel saękalımı ve kemoterapi alabilme oranlarını predikte eden faktörler

Tablo 3

Tablo 3: Tanı anında ERCP yapılan hasta grubu için genel saękalımı deęerlendiren çoklu analiz tablosu modeli

Tablo 4

Tablo 4: Progresyon sonrası ERCP yapılan grup için 12 haftalık saękalım sürelerini ve kemoterapi alabilme oranlarını predikte eden faktörler.