ABSTRACTS SELECTED FOR POSTER PRESENTATIONS

Discussion: Islet cell tumors can produce multiple hormones, but not always with clinical symptoms. Simultaneous symptomatic increases of two gastrointestinal hormones have been documented, but the syndrome noted in our patient would appear to be relatively unusual. The presence of both a symptomatic gastrointestinal and non-gastrointestinal hormone syndrome has been recorded in only 2-7% of patients. Among them, gastrinoma concomitant with glucagonoma are most common (63%) followed by glucagonoma with VIPoma. A second hormone syndrome involving insulin secretion is extremely rare. Clearly, however, these tumors retain the ability to secrete a variety of peptides over time. The development of a second hormone syndrome often occurs in multiple endocrine neoplasia type 1 (MEN1). However, there was no endocrinologic or histologic evidence of MEN1 in our patient. This patient is an example of the unpredictability of mutational events within hormone-secreting tumors. One cannot assume that a tumor's pattern of secretion at the onset of disease will remain unchanged. In our case, hepatic-directed therapies have proven effective in providing palliation. Initially, chemoembolization was used to treat the gastrinoma while bland hepatic embolization was used with success to treat the insulin-secreting tumor cells.

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Adjuvant Therapy Does Not Improve Survival of Ampullary Carcinoma Patients

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Background: The role of adjuvant chemo-radiotherapy after pancreatico-duodenectomy for ampullary tumor is controversial.

Methods: This is a retrospective analysis of prospectively maintained records to determine outcome of patients receiving adjuvant chemo-radiotherapy after pancreatico-duodenectomy (PD) for ampullary carcinoma. From January 1989 to December 2006, 242 patients with ampullary carcinoma underwent pancreatico-duodenectomy. Of these, 222 survived the operation and were eligible for the analysis. Patients were divided into two groups: those who received (group A) or did not receive (group B) adjuvant therapy. Treatment consisted of radiotherapy at a median dose 50.4 Gy with concurrent 5-fluorouracil. High-risk patients were identified based on tumor-related pathologic factors (lymph node positive, resection margin positive, poor grade of tumor differentiation, and tumor size > 2 cm). For the survival analysis, either recurrence or death was considered the end point. Statistical comparisons were carried out using chi-square test for categorical variable, independent sample t-test for continuous variable, and *P* value > .05 was considered significant. Kaplan-Meier method was used to analyze survival and log-rank test was used for survival differences.

Results: Seventy-six (76) patients received adjuvant chemo-radiotherapy (group A) and 146 did not (group B). There were no statistically significant differences in median disease-free survival (19 vs. 21 months, *P* = .165) or 5-year actuarial survival (20% vs. 36%) in groups A and B, respectively. Among 60 patients categorized as high risk, adjuvant chemo-radiotherapy also had no effect on median disease-free survival (18 vs. 9 months, *P* = .767) or 5-year actuarial survival (20% vs. 24%).