

Pancreatic cancer in Saudi Arabia

To the Editor

I read with interest the article on pancreatic cancer in Saudi Arabia treated at a tertiary institution. AlGhamdi et al¹ retrospectively reviewed 179 patients with documented pancreatic cancer over a 10-year period (2000-2010), and found an overall survival to be 39% (one-year), and 10% (5-year). As mentioned by the authors, pancreatic cancer accounts for 1.75% of all cancers, and is the fifth gastrointestinal cancer affecting Saudis.² Although one of the article objectives was to look at the treatment of pancreatic cancer in a tertiary institution, the authors did not mention the surgical treatment except that 37% of their patients were suitable for surgical resection at presentation. As we all aware, surgery is the mainstay of cure in pancreatic cancer, and inclusion of surgical treatment in the results would have been interesting.

We have retrospectively analyzed our pancreatic cancer patients who were treated in our hepato-biliary unit over the first 3 years of its establishment. Unlike AlGhamdi's study,¹ our study concentrated on those who underwent pancreaticoduodenectomy (PD).³ Over 3 years (2006-2009), of the 102 patients diagnosed with pancreatic cancer, only 32 (31.4%) patients (16 males and 16 females) with a mean age of 59.5 years had PD. In this cohort group of patients, jaundice was the most common presenting symptom (90%), followed by weight loss (50%), and abdominal pain (47%). Approximately 50% of our patients had comorbid diseases, mainly diabetes and hypertension. The cumulative overall survival was 80%, and disease-free survival was 82.3%.³ This confirms that the surgical resection offers a better one-year survival rate.

Unfortunately, the available published data on pancreatic cancer and its treatment options in Saudi Arabia is scanty; it consists mainly of retrospective studies from some tertiary centers. The time has come for tertiary centers treating this cancer to consolidate efforts in conducting a well-structured multi-institutional prospective study with clear aims and objectives. It is only then that we can rely on our own data that is applicable to our disease; a disease that may differ in its behavior, and natural history from that of the West. When the time comes for that to happen, it is only then, we can speak regarding pancreatic cancer in Saudi Arabia with greater confidence and solid scientific foundation.

*Abdul-Wahed N. Meshikhes
Department of Surgery
King Fahad Specialist Hospital
Dammam, Kingdom of Saudi Arabia*

Reply from the Author

We thank Dr. Meshikhes for his interest in our study.¹ We concur with Dr. Meshikhes' statement on the scantiness of the studies regarding pancreatic cancer not only in Saudi Arabia, but also worldwide, as this issue was raised by the American Cancer Society in their report in 2013.⁴ We also do agree that surgery remains the only cure for pancreatic cancer. However, this only applies to 15-20% of pancreatic cancer cases eligible for surgical resection at presentation with only a 20% 5-year survival after surgical resection.⁴ For the majority of cases, which presents in advanced stages, palliation with endoscopic metal stent is the surgical intervention of choice.⁵

We would like to emphasize few points regarding our study.¹ We included 179 patients diagnosed with pancreatic cancer and received multidisciplinary care in one of the largest tertiary care centers in Saudi Arabia. Majority of those patients (75%) presented at unresectable stages. Surgical stent was placed in 45% of patients, and surgical resection was carried out in 37%. The one-year survival rate was 39%, and 5-year survival rate was 10%.¹ The survival figures in our study¹ were comparable to the international figures and figures from SEER data in the United States.⁶ The difference in survival in our study compared to the study carried out by Aziz et al³ can be explained mainly by the difference in the selection criteria, and inclusion of non-pancreatic cancer malignancies and other benign diseases in the retrospective review, in addition to the early stage presentation in the 14 included pancreatic cancer patients in the mentioned study.

Nevertheless, we stress the need and importance of further studies in the region overcoming the limitations that we addressed in our study, and we raise our voices together with Dr. Meshikhes in calling interested investigators in the Kingdom to collaborate in large-scale prospective studies.

*Salem A. Alfaifi
Hamza J. AlGhamdi
AbdulRahman M. Jazieh
Oncology Department
National Guard Health Affairs
Riyadh, Kingdom of Saudi Arabia*

References

1. AlGhamdi HJ, Alfaifi SA, Alolayan AA, Musaad SM, Jazieh AM. Pancreatic cancer in Saudi Arabia treated at tertiary institution. Ten years retrospective study. *Saudi Med J* 2013; 34: 604-608.
2. Saudi Cancer Registry. Cancer incidence and survival report Saudi Arabia 2007. Riyadh (KSA): Saudi Cancer Registry; 2007.
3. Aziz AM, Abbas A, Gad H, Al-Saif OH, Leung K, Meshikhes AW. Pancreaticoduodenectomy in a tertiary referral center in Saudi Arabia: a retrospective case series. *J Egypt Natl Canc Inst* 2012; 24: 47-54.
4. American Cancer Society. Cancer Facts and Figures. Atlanta (GA): American Cancer Society; 2013.
5. Moss AC, Morris E, Mac Mathuna P. Palliative biliary stents for obstructing pancreatic carcinoma. *Cochrane Database Syst Rev* 2006; (2): CD004200.
6. Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, editors. SEER Cancer Statistics Review 1975-2008, National Cancer Institute. Bethesda (MD): National Cancer Institute; 2011.

Related topics

Raddaoui EM. Endoscopic ultrasound-guided fine needle aspiration in the evaluation of pancreatic neuroendocrine neoplasms. *Saudi Med J* 2010; 31: 1271-1273.

Tian QS, Li DC. Lentivirus-mediated reversion-inducing cysteine-rich protein with Kazal motifs gene transfer suppresses pancreatic cancer invasion in vitro. *Saudi Med J* 2010; 31: 752-758.

Karawagh AM, Abdullah LS, Gasim AM, Abdelaziz MM. Noninsulinoma pancreatogenous hypoglycemia syndrome in a Saudi male. *Saudi Med J* 2008; 29: 1654-1657.