

Nanno, Y., Toyama, H., Matsumoto, I., Otani, K., Asari, S., Goto, T., Ajiki, T., Zen, Y., Fukumoto, T., & Ku, Y. (2017). **Baseline plasma chromogranin A levels in patients with well-differentiated neuroendocrine tumors of the pancreas: A potential predictor of postoperative recurrence.** *Pancreatology : official journal of the International Association of Pancreatology (IAP) ... [et al.]*, 17(2), 291–294. <https://doi.org/10.1016/j.pan.2016.12.012>

Abstract

Objective: The present study aimed to elucidate prognostic values of baseline plasma chromogranin A (CgA) concentrations in patients with resectable, well-differentiated pancreatic neuroendocrine tumors (PNETs).

Methods: Preoperative CgA levels in 21 patients with PNET were correlated with clinicopathological factors and patients' survival.

Results: Plasma CgA levels ranged 2.9-30.8 pmol/mL (median 6.0), and were significantly elevated in patients with post-operative recurrence ($P = 0.004$). Using the receiver operating characteristic curve, the optimal cutoff value to predict tumor recurrence was determined as 17.0 pmol/mL. This threshold identified patients with recurrence with 60% sensitivity, 100% specificity, and 90% overall accuracy. Patients with higher CgA levels showed worse recurrence-free survival than those with low CgA levels, both in total ($P < 0.001$) and in G2 patients ($P = 0.020$).

Conclusions: Combined plasma CgA concentrations and WHO grading may assist in better stratification of PNET patients in terms of the risk of recurrence.