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Comparison Of Oncologic Outcomes Between Open And Laparoscopic Distal Pancreatectomy For Pancreatic Ductal Adenocarcinoma Using Data From The KOTUS-BP National Database

Hongbeom KIM*¹¹*Surgery, Seoul National University Hospital, Seoul National University College Of Medicine, REPUBLIC OF KOREA*

Background : Despite the lack of high-level evidence, laparoscopic distal pancreatectomy (LDP) is frequently performed in patients with pancreatic ductal adenocarcinoma (PDAC) owing to advancements in surgical techniques. The aim of this study was to investigate the long-term oncologic outcomes of LDP in patients with PDAC via propensity score matching (PSM) analysis using data from a large-scale national database

Methods : We enrolled 1,202 patients with detailed operative information and sufficient pathological data who were treated for PDAC via distal pancreatectomy across 16 hospitals and included in the Korean Tumor Registry System-Biliary Pancreas. We compared 5-year overall (5YOSRs) and disease-free (5YDFSRs) survival rates between LDP and open DP (ODP).

Results : ODP and LDP were performed in 846 and 356 cases, respectively. The ODP group included more aggressive surgeries with a higher pathologic stage, R0 resection rate, and number of retrieved lymph nodes. After PSM, 5YOSRs for ODP and LDP were 37.3% and 41.4% ($p=0.150$), while 5YDFSRs were 23.4% and 27.2% ($p=0.332$), respectively. Prognostic factors for 5YOSR included R status, T stage, N stage, differentiation, and lymphovascular invasion.

Conclusions : LDP was performed in a selected group of patients with PDAC. Within this group, long-term oncologic outcomes were comparable to those observed following ODP.

Corresponding Author : **Hongbeom KIM** (surgeonkhb@gmail.com)