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Feasibility And Safety Of Laparoscopic Radical Distal Pancreatosplenectomy In Advanced Pancreatic Body And/or Tail Cancer Following Neoadjuvant Chemotherapy

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Background : Pancreatic adenocarcinoma is a lethal condition with poor outcomes and an increasing incidence. Recent meta-analysis reported, however, improved survival and R0 resection rate following neoadjuvant chemotherapy with subsequent surgery in initially unresectable pancreatic cancer. Also, as a result of technological advances during past two decades, even in pancreatic cancers, minimally invasive surgery (MIS) approaches are being used more frequently and safely. We conducted comparison analysis between laparoscopic radical distal pancreatosplenectomy (DPS) and open DPS in advanced pancreatic body and tail cancer following neoadjuvant chemotherapy to prove safety and feasibility of laparoscopic method.

Methods : We conducted a single institution retrospective study in Severance hospital, Seoul, Korea. From September 2003 to June 2021, Total 57 patients were included diagnosed with pancreatic body and/or tail cancer and who underwent DPS following neoadjuvant chemotherapy. Of the 57 patients, 32 patients underwent open DPS and 25 patient underwent laparoscopic DPS. We compared patient and preoperative characteristics, perioperative outcomes and oncologic outcomes between two groups.

Results : The age, gender, BMI, comorbidity and ASA classification between two groups did not show statistical differences. The preoperative characteristics such as tumor location, regimen of neoadjuvant chemotherapy, level of CA 19-9 did not differ significantly, however open group showed larger tumor size (open: 2.78 ± 1.36 vs laparoscopic: 2.00 ± 1.00 , p=0.019) and more resectable tumor. (open: 65.6% vs laparoscopic: 84.0%, p=0.038) Intraoperative transfusion was less (open: 18.8% vs laparoscopic: 0.0%, p=0.030) and hospital stay was shorter in laparoscopic group (open: 16.25 days, laparoscopic: 10.80 days, p=0.032). In oncologic outcomes, median disease free survival (DFS) and median overall survival (OVS) did not show significant differences between two groups (DFS: open 7.0 ± 2.8 months vs laparoscopic 15.0 ± 8.04 months, p=0.118; OVS: open 21.0 ± 12.6 months vs laparoscopic 38.0 ± 11.5 months, p=0.583).

Conclusions : When compared with open surgery, laparoscopic radical distal pancreatosplenectomy can be feasible and safe to obtain negative resection margin in well selected patients following neoadjuvant therapy in locally advanced pancreatic cancer

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