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## Comparison Of Survival Outcomes Between Radical Antegrade Modular Pancreatosplenectomy And Conventional Distal Pancreatosplenectomy For Pancreas Body And Tail Cancer

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**Background** : Radical antegrade modular pancreatosplenectomy (RAMPS) is a modified distal pancreatosplenectomy for adequate lymph node (LN) dissection and posterior resection margin. This study aimed to evaluate the survival benefit of RAMPS compared to conventional distal pancreatosplenectomy (cDPS).

**Methods** : The clinicopathologic data of 62 patients who treated with RAMPS or cDPS for left-sided pancreatic cancer were analyzed retrospectively. We compared survival and operative outcomes and assessed prognostic factors.

**Results** : Thirty-one patients were included in each group. The retrieved lymph nodes count was higher in RAMPS (16.3  $\pm$  7.45 vs. 6.7  $\pm$  7.97, p < 0.001) than in cDPS. There was no significant differences in R0 resection rate, hospital stay, blood loss, and morbidity between the groups. The overall survival time of the RAMPS group was longer compared to the cDPS group, but it did not reached to statistical significance (53 vs. 33 months, p = 0.963). Disease-free survival was also comparable between the two groups (16 vs. 14 months, p = 0.747). In multivariate analysis, significant prognostic factors for overall survival were R1 resection, lymph node ratio (LNR)  $\geq$  0.2, American Joint Cancer Committee (AJCC) stage II/III, and preoperative CEA  $\geq$  5 ng/ml. R1 resection, perineural invasion, lymph node ratio (LNR)  $\geq$  0.2, preoperative CA19-9  $\geq$  226 U/ml, and preoperative CEA  $\geq$  5 ng/ml were significant in multivariate analysis for disease-free survival.

**Conclusions** : RAMPS was associated with a high retrieved lymph node count, which did not, however, affect overall and disease-free survival. Margin status and LNR were independent significant prognostic factors.

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