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Routine RAMPS For Left-sided Pancreatic Ductal Adenocarcinoma.

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Lecture : Radical antegrade modular pancreatectomy (RAMPS) introduced by Strasberg in 2003 has provided for achieving high proportion of tangential R0 and lymph node retrievals in patients with left-sided pancreatic ductal adenocarcinoma (PDAC) in order to enhance oncologic results. Early vascular control can be expected low estimated blood loss. This procedure is classified as anterior and posterior (classical) RAMPS according to the depth of tangential margin, which involves division of the pancreatic neck, dissection of the celiac lymph nodes, posterior dissection just anterior to the adrenal gland usually including Gerota's fascia, and splenectomy, which means clear guidance of surgical procedure. Although RAMPS has been accepted widely as standard procedure, there is a lack of high-evidenced data due to the impractical design of randomized trial. RAMPS can achieve loco-regional control but not systemic control. Actually, most of patients have systemic recurrence, and it is difficult to improve results with local strategies. RAMPS during multimodal treatment seems to be an ideal approach for local and systemic control in patients with PDAC. It also provides clear landmarks for dissecting retroperitoneal tissues for expert as well as trained surgeons. In this debate session, we will present our own data and review the published articles from the "pros" point of view.