

BP DB 2

Surgical Strategies For Left-sided Pancreatic Cancer – Tailored Distal Pancreatectomy

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Lecture : Since 2003, radical antegrade modular pancreatectomy (RAMPS) which was first introduced by Strasberg et al. has become the standard operation for left side pancreatic cancer. This procedure comprises division of the neck of the pancreas and splenic vessels and a celiac node dissection followed by dissection proceeding from right-to-left in 1 of the 2 posterior dissection planes, depending on the extent of the tumor. Theoretical advantages of this procedure were high tangential margin negative rate, high lymph node yield, and long term survival benefit. However, data of treatment outcome comparing the RAMPS with conventional distal pancreatectomy (CDP) are limited. Therefore, the practical advantages of the RAMPS has not been demonstrated clearly.

There are some issues which we should discuss.

1. Should all the left side pancreatic cancers need celiac or SMA LN dissection? In many RCTs regarding extended lymph node dissection in pancreatoduodenectomy failed to show survival benefit.
2. Should all the left side pancreatic cancers need deep retroperitoneal dissection to obtain R0? Some cancers grow anteriorly to penetrate anterior capsule of the pancreas.
3. Is there standardized protocol of posterior surgical margin? Many reports favoring RAMPS does not have standardized pathologic protocol of posterior resection margin.
4. What is the clinical significance of high retrieved LN number in pancreatic cancer?
5. Are there supporting data about prolonged survival? Even though RAMPS has many surgical advantages, are there clear evidence of superior survival outcome after RAMPS compared with CDP?

We don't have enough evidence of the actual advantage of RAMPS in resectable pancreatic cancer.