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Minimally Invasive Pancreaticoduodenectomy For Advanced Pancreatic Cancer

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Lecture : The overall 5-year survival rate for patients with pancreatic ductal adenocarcinoma (PDAC) is approximately 10%. According to a previous report, when diagnosed, only approximately 20% of the pancreatic cancer patients are surgical candidates, while 30% are borderline resectable/ locally advanced and 50% are metastatic. Several studies have reported that achieving an R0 margin by resecting the invaded veins in PDAC has overall survival rates comparable to those in PDAC without vein invasion. Therefore, both the National Comprehensive Cancer Network (NCCN) guideline and International Study Group of Pancreatic Cancer recommend synchronous vein resection to achieve an R0 margin in patients with PDAC when invasion of a major vein is suspected. Due to development of the minimally invasive technique, cases of minimally invasive surgery (MIS) for pancreatic head cancer are steadily increasing. MIS revealed no difference in postoperative complications and oncologic outcomes compared with open surgery. Additionally, it has advantages of less pain and a short hospitalization. However, minimally invasive pancreaticoduodenectomy (MIPD) for advanced pancreatic cancer is a challenging procedure. In this study, we evaluated feasibility and safety of MIPD with venous resection and reconstruction for advanced pancreatic head cancer. In conclusion, MIPD with major vein resection can be feasibly performed in select patients with abutment and focal narrowing of the portal vein/superior mesenteric vein in PDAC