

Oncological Outcomes And Roles Of Palliative Minimally Invasive Distal Pancreatectomy For Unexpected Stage IV Pancreatic Ductal Adenocarcinoma.

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Background : There are few studies on the benefit for palliative minimally invasive distal pancreatectomy (MIDP) of unexpected stage IV pancreatic ductal adenocarcinoma (PDAC) until now. In our retrospective review, we compared the results of palliative MIDP to non resection.

Methods : Between 2005 and 2019, metastasis of left-sided PDAC was confirmed in the operating room in 39 patients. 21 patients underwent palliative resection and 18 patients did only laparoscopic biopsy (NR-group). Demographic, clinical, operative data and survival were compared in R and NR.

Results : There was no significant difference of major complication (Clavien-Dindo classification \geq grade 3) between two groups (R-group 9.5% vs. NR-group 5.6%, $P > 0.999$). There was no 90-day mortality in either group. More patients in R received postoperative chemotherapy (82.9% vs. 57.1%; $P = 0.019$). The rate of discontinuation of palliative chemotherapy was higher in NR (R-group 14.3% vs. NR-group 50.0%, $P=0.049$), and poor oral intake due to gastric outlet obstruction was 66.6% of the reasons for discontinuation of chemotherapy. Patients in R showed better 2-year survival rates compared to those in NR (33.3% vs. 11.1%, $P = 0.041$). Multivariate analysis showed maintenance for chemotherapy as independent factor related to survival (hazard ratio, 3.568; 95% CI, = 1.348–9.447; $P = 0.010$).

Conclusions : MIDP for unexpected stage IV left-sided PDAC can be associated with increased survival compared to non-resection group. Palliative MIDP for selective patients may be associated with a positive role in maintaining palliative therapy.

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