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External Validation Of Difficulty Scoring System For Laparoscopic Distal Pancreatectomy. -Korea-Japan- Collaborative Study Meeting-

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Lecture : <Background> There are several procedures in laparoscopic distal pancreatectomy (LDP), such as splenic vessel preserving procedure (SPDP), Warshaw's procedure, distal pancreatectomy with splenectomy (DPS) for benign diseases and DPS with lymph node dissection for malignant diseases. The difficulty of LDP is considered to be dependent on both procedure and patient's factor. Recently, we have proposed a difficulty scoring system (DSS) for LDP to stratify the difficulty of the procedure. The aim of this study is to validate the DSS with two large national cohort. <Method> This study was conducted as a project of minimally invasive pancreatectomy with the multicenter-based collaboration study by the KAHBPA and JSHBPS. A total of 1608 cases and 1812 cases in KAHBPS and JSHBPS were collected, respectively. The DSS was calculated in each case and classified to three difficulties (low, intermediate and high levels). Surgical outcomes including open conversion rate, operation time and blood loss were compared in each difficulty with both Korean and Japanese cohort. <Results> The distribution of difficulty in low, intermediate and high were 1268 (70.0%), 437 (24.1%), 107 (5.9%) cases in Japanese cohort and 857 (53.3%), 578 (24.1%), 107 cases (5.9%) in Korean cohort, respectively and the trend was significantly different in the two cohorts. The variables of the rate of conversion to open surgery showed a stepwise increase from low to high difficulty levels in Japanese ($p = 0.001$) and Korean ($p = 0.029$) cohort with Cochran-Armitage trend test. Operation time was significantly longer in high and intermediate difficulty group than in low difficulty group in both Japanese and Korean group. The median blood loss also had an increase trend from low to high difficulty levels in both cohort. <Conclusion> Although the background of the cohorts was significantly different in the two large cohorts, DSS was significantly associated with perioperative outcomes and validated in two large cohort. These results suggest the DSS would be universally useful for evaluating the difficulty of LDP