

## Prognostic Relevance Of Pancreas Transection Level In Patients With Resected Pancreatic Tail Cancer

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**Background :** During distal pancreatectomy (DP) for pancreatic cancer, the pancreas is mostly transected at superior mesenteric vein level, for a negative resection margin and complete lymph node (LN) dissection. But there is insufficient evidence on the optimal transection level (TL). We aimed to evaluate the prognostic relevance of TL in pancreatic tail cancer.

**Methods :** 212 patients who received DP for pancreatic tail cancer between January 2000 and December 2018 at three tertiary hospitals were included in this retrospective study. Postoperative CT images were evaluated, and patients were categorized as proximal transection (PT) and distal transection (DT) groups according to the left border of the aorta. Clinicopathologic and survival outcomes were compared.

**Results :** There were no differences in age, sex, BMI, or CA19-9 level. Operation time was longer in the PT group, but estimated blood loss and postoperative complications were similar. More LNs were retrieved in the PT group ( $16.1 \pm 9.6$  vs  $10.4 \pm 6.9$ ,  $P < 0.001$ ), with no difference in R status, LN metastasis, and number of positive LNs. There was no difference in disease-free survival (DFS) (5-year DFS 29.2% vs 25.1%,  $P = 0.504$ ). Multivariate analysis revealed CA19-9 (over 37IU), advanced T stage, advanced N stage, and poor differentiation were negative prognostic factors for DFS. TL and number of retrieved LNs were not.

**Conclusions :** In pancreatic tail cancer, there was no difference in oncologic outcomes according to transection level. In performing DP for pancreatic tail cancer, the optimal TL should be determined considering both oncologic outcome and preservation of endocrine and exocrine function.

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