16th SINGLE TOPIC SYMPOSIUM

> The art of collaboration for HBP cancer treatment

E31

Intraoperative positive pancreatic parenchymal resection margin: Is it a true indication of completion total pancreatectomy after partial pancreatectomy for pancreatic ductal adenocarcinoma?

STS 2022 | 2022년 9월 16일(금) 경주, 라한 셀렉트 (구, 현대호텔)

<u>HyeJeong JEONG</u>¹, In Woong HAN*¹, Ji Hye JUNG¹, So Kyung YOON¹, So Jeong YOON¹, Ok Joo LEE¹, Sang Hyun SHIN¹, Jin Seok HEO¹

¹Surgery, Samsung Medical Center, Republic of Korea

Background : Total pancreatectomy (TP) can be performed in cases with positive resection margin after partial pancreatectomy for pancreatic cancer. However, despite complete removal of the residual pancreatic parenchyme, it is questionable whether an actual R0 resection and favorable survival can be achieved. This study aimed to identify the R0 resection rate and postoperative outcomes including survival following completion TP (cTP) performed due to intraoperative positive margin.

Methods : From 1995 to 2015, 1096 patients with pancreatic ductal adenocarcinoma underwent elective pancreatectomy at the Samsung Medical Center. Among these, 25 patients underwent cTP that was converted during partial pancreatectomy because of a positive resection margin. To compare survival after R0 resection between the cTP R0 and pancreaticoduodenectomy (PD) R0 cases, propensity score matching was conducted to balance the baseline characteristics.

Results : The R0 rate of cTP performed due to intraoperative positive margin was 84% (21/25). The overall 5year survival rate (5YSR) in the 25 cTP cases was 8%. There was no difference in the 5YSR between the cTP R0 and cTP R1 groups (9.5% versus 0.0%, p = 0.963). However, the 5YSR of the cTP R0 group was significantly lower than that of the PD R0 group (9.5% versus 20.0%, p = 0.022). There was no distinct difference in postoperative complications between the cTP R0 versus cTP R1 and cTP R0 versus PD R0 groups.

Conclusions : In cases with intraoperative positive pancreatic parenchymal resection margin, survival after cTP was not favorable. Careful patient selection is needed to perform cTP in such cases.

Corresponding Author : In Woong HAN (cardioman76@gmail.com)



한국간담췌외과학호