

Poster Presentation

AB001. Radical antegrade modular pancreatosplenectomy for left sided pancreatic cancer in Singapore General Hospital: our early experience

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Background: Radical antegrade modular pancreatosplenectomy (RAMPS) using a right-to-left approach has been a relatively new technique for left sided pancreatic cancer and was first described by Strasberg in 2003. Its aim was to improve tangential resection margin clearance and adequate lymph node dissection than the standard distal pancreatosplenectomy. The purpose of this report is to present the results of the RAMPS procedure from a single center's early experience.

Methods: A retrospective single center review was performed between 2012 and 2018, this included review of

clinical notes, operative reports, pathology and radiologic studies. Only malignant tumors on final pathology review were included.

Results: Between 2012 and 2018, 181 distal/subtotal pancreatectomies were performed, of which 11 patients underwent RAMPS for tumor at body/neck of pancreas during the study period. Ten were anterior, 1 was posterior RAMPS; 5/11 (45.5%) were via minimally invasive approaches (laparoscopic and robotic). Eight patients (72.7%) had adenocarcinoma, 2 patients (18.2%) had pNET and 1 had IPMN high grade dysplasia (9.1%). Mean operative time was 258 mins (open approach, 235 mins; MIS, 297 mins). Ten patients (90.9%) had pancreatic resection margin clearance; 9 patients (81.8%) had posterior pancreatic margin clearance. Mean number of lymph node retrieval was 18.3 (open, 18.5; lap, 16; robotic, 21). Mean length of hospital stay was 10.7 days (open approach, 12 days; MIS, 9 days). There was no 30-day-mortality and 30-day-morbidity, grade \geq III (Clavien-Dindo classification) is 9%.

Conclusions: Our single centre early experience showed that RAMPS may improve the tangential margins and the *en bloc* harvesting of lymph nodes. It is a safe operation and the minimally invasive approaches may be helpful to decrease hospital stay and without oncologic compromise.

Keywords: Radical antegrade modular pancreatosplenectomy; laparoscopic; robotic; minimally invasive

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