

AB019. S019. Pancreatectomy plus arterial resection is superior to palliation in patients with locally advanced PDAC

Marco Del Chiaro, Elena Rangelova, Asif Halimi, Zeeshan Ateeb, Chiara Scandavini, Roberto Valente, Lars Lundell, Ralf Segersvard, Urban Arnelo

Karolinska Institutet, Solna, Sweden

Background: Pancreatectomy plus arterial resection (PAR) for locally advanced pancreatic ductal adenocarcinoma (PDAC) (LAPC) might potentially offer additional therapeutic option and a better prognosis in patients traditionally addressed to palliation. Being a technically high skill demanding surgery, has been postulated that it could be hampered by higher rates of morbidity and mortality. Anyway few, small studies have specifically investigated its feasibility and data on short and long-term outcomes currently lack. To analyze complications and outcomes of patients underwent PAR.

Methods: Retrospective analysis of prospectively collected cohort of operated LAPC patients. Short and long term

outcome were analyzed and compared in Group 1 (PAR) and Group 2 (palliative surgery).

Results: Seventy-three patients (T4M0) underwent surgical exploration with intent of resection, 46.6% (Group 1), 53.4% (Group 2). No differences were found for neo/ adjuvant chemotherapy. Twenty-three patients (67.7%) in Group 1 received a combined artery-vein resection (AVR). Operation time and blood loss were superior in Group 1 compared to Group 2, respectively (425.7 ± 14.3 vs. 171.4 ± 10.67 minutes, $P < 0.0001$) and (613.2 ± 71.69 vs. 188.3 ± 20.64 mL, $P < 0.0001$) while no differences were found in post-operative mortality (2.9% vs. 2.6%, $P = 0.9$) and post-operative surgical complications (38.2% vs. 25.6%, $P = 0.2$). The 1, 3 and 5 years survival in Group 1 was superior to Group 2 (63.7%, 23.4% and 23.4% vs. 41.7%, 3.2% and 0%, $P = 0.003$).

Conclusions: PAR seems to be safe and feasible in well selected patients and associated with an advantage of survival compared to palliations, in patients affected by LAPC.

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