



AB054. P025. Impact of pasireotide on post-operative pancreatic fistulas after pancreatic distal resections

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Background: Complications in pancreatic surgery are potentially life-threatening. Post-operative pancreatic fistulas (POPF) can form in pancreatic tissue after surgery and can cause peripancreatic fluid collections and infections. In addition, pancreatic fluid is corrosive and can lead to post-operative bleeding in the operative area. Clinically significant class B and C fistulas increase post-operative morbidity and can lead to prolonged hospital stay. Delaying of adjuvant therapy due to fistula formation in cancer patients can affect their prognosis. Diagnosis of pancreatic fistula can be set according to international study group of pancreatic surgery (ISGPS) criteria (Bassi *et al.* 2016). Previously, the use of perioperative pasireotide decreased the number of clinically relevant pancreatic fistulas (Allen *et al.* N Engl J Med 2014). According to Seppänen *et al.* (abstr. 2016) the use of pasireotide after pancreaticoduodenectomy was seen beneficial in risk patients.

Methods: There were 235 distal pancreatic resections

in HUCH 2005–4/2016 that were analyzed. Pasireotide (Signifor) was used in 7/2014–4/2016. Pasireotide treatment was started in patients on the morning of surgery and was continued until released from hospital or for a week. In one patient treatment was discontinued on day one because of side-effects. Patients who had octreotide (Sandostatin) treatment were analysed separately. Complications were analyzed 90 days post-operatively using the ISGPS POPF criteria and Clavien-Dindo I–V classification.

Results: There were 48 (20%) patients who received pasireotide, 21 (9%) octreotide and 166 (71%) did not receive either. There were 34 (14%) clinically relevant B/C POPF: 7 (15%) in pasireotide group, 3 (14%) sandostatin group and 23 (14%) in group without either, sandostatin or pasireotide (P= ns). Severe complications according to Clavien-Dindo grade III–IV were 61 (26%): in pasireotide-group 17 (35%), in the octreotide group 4 (19%) and 39 (23%) in the group who did not receive either (P= ns). During the 90-day follow-up period mortality was 0.

Conclusions: In this study, pasireotide did not reduce clinically relevant POPF or severe complications after pancreatic distal resection.

doi: 10.21037/apc.2018.AB054

Cite this abstract as: Seppänen H, Vuorela T, Mustonen H, Haglund C. Impact of pasireotide on post-operative pancreatic fistulas after pancreatic distal resections. Ann Pancreat Cancer 2018;1:AB054. doi: 10.21037/apc.2018.AB054