

## AB089. P061. Pancreatectomies associated to vein resection: a large single institution experience

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**Background:** Potential benefits of pancreatectomies associated to vein resection (PAVR) are still contradictory in literature. This study aims to analyze short and long term outcomes of PAVR.

**Methods:** A retrospective analysis of a consecutive series of patients underwent PAVR from 2008 to 2017 was performed.

**Results:** Of 258 patients underwent PAVR at Karolinska University Hospital, 194 with histologically proved PDAC were included. Severe post-operative complications were observed in 10.3%, and required reoperation in 7.7% of cases. Mortality was 2.6% and the median post-operative stay was 14 days. No differences in post-operative complication rates were observed comparing

different surgical techniques. Patients with ASA score  $\geq 3$  experienced more surgical complications (27.2% *vs.* 13.8%;  $P=0.02$ ). In multivariate analysis ASA score  $\geq 3$  and multivisceral resections were predictive factors for complications. The 1, 3 and 5 years survival rates were 64%, 21% and 12.6% respectively. The median survival of patients underwent lone vein resection was superior to patients underwent combined artery-vein resection (17 *vs.* 10 months;  $P=0.02$ ). Patients who received adjuvant chemotherapy had also a longer median survival (23 *vs.* 12 months;  $P=0.0005$ ) as well as patients with pre-operative levels of serum Ca 19-9  $\leq 200$  U/mL (23 *vs.* 15 months;  $P=0.01$ ).

**Conclusions:** PAVR are safe and feasible. The selection criteria for resection play a key role in the outcome. Post-operative chemotherapy is confirmed as one of the most important prognostic factors. Pre-operative levels of Ca 19-9 could maybe be used for selecting good candidates for neo-adjuvant treatment.

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