

createctomy for pancreatic cancer, we retrospectively reviewed 32 patients with BRPCa who underwent pancreatotomy following preoperative neoadjuvant chemoradiation therapy (CCRT (+)/Px group). Resectable pancreatic cancer (RPCa) patients with pancreatotomy without CCRT (CCRT (-)/Px group, n=104) were compared to evaluate the oncologic outcomes of patients with BRPCa in CCRT (+)/Px group.

Results: Preoperatively determined BRPCa resulted in frequent margin positive resection comparing to initially RPCa when pancreatotomy was performed without CCRT (P=0.009). 16 patients (56.2%) showed more than 50% of significant pathologic response to CCRT. The degree of pathologic responses apparently showed positive relation between final pT stage (p=0.075). When comparing with patients in CCRT(-)/Px, more frequent vascular resection(p<0.001), transfusion(p=0.076), and operation time were observed in CCRT(+)/Px group. However, similar R0 resection rate(p=0.272), lower pT stage (p<0.001), smaller number of metastatic lymph node (p=0.002), and lower incidence of lymph node metastasis (0.032) were noted in CCRT(+)/Px group. Therefore, overall disease-specific survival was shown to be similar between CCRT(-)/ Px and CCRT(+)/Px group (median survival, 30.5 months (95%CI; 23.6-37.4) vs. 26.3 months (95% CI;15.9-36.7), p=0.709). No statistical differences in cancer recurrence risks were also noted between two groups (p=0.505).

Conclusion: Margin-negative resection is very critical in treating pancreatic cancer. Pancreatotomy following preoperative neoadjuvant CCRT can be potential strategy for obtaining negative resection margin in BRPCa patients.

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Clinicopathologic Features and Outcomes after Surgery for Pancreatic Adenosquamous Carcinoma

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Background: Pancreatic adenosquamous carcinoma (ASC) is a rare pancreatic malignancy subtype. This

study was conducted to investigate the clinicopathologic features and outcome of pancreatic ASC patients after resection.

Methods: Medical records of patients who underwent surgical resection for pancreatic malignancy from January 2000 to December 2010 at Samsung Medical Center were retrospectively reviewed. Clinicopathologic features and survival rates were analyzed.

Results: Fifteen patients with pancreatic ASC and 350 patients with pancreatic ductal adenocarcinoma (DAC) were identified. Demographics were similar between subtypes (p>0.05). And, tumor stage was also similar. R0 resection rates in pancreatic ASC and DAC were 86.7% and 89.1% (p=0.674). Overall 1-year survival in pancreatic ASC and DAC was 35.9% and 39.0%. And, no significant difference in disease-free survival rates was found pancreatic ASC and DAC after R0 resection (p=0.071).

Conclusions: The pancreatic ASC has a clinical feature similar to that of DAC. And R0 resection of the pancreatic ASC might result in disease-free survival rates that are comparable with pancreatic DAC.

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Chyle Leakage after Pancreaticoduodectomy

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Research Purpose: Chyle leakage is a rare complication after pancreaticoduodectomy. The aim of this study was to evaluate incidence, management, and risk factors of chyle leakage after pancreaticoduodectomy.

Materials and Methods: Between 2002 and 2010, 220 consecutive patients underwent pancreaticoduodectomy at a single institution. Data on demographics, operative records, chyle leakage were collected. The management of chyle leakage was reviewed.

Results: Of 220 patients undergoing pancreaticoduodectomy, 122 patients were supported with total parenteral nutrition and 98 patients were provided with early enteral nutrition. Sixteen patients (7.3%) developed chyle leakage. All of these 16 patients were supported with early enteral nutrition. None of patients