

Symposium 4: (Video) Pancreatic Cancer Surgery in Difficult Cases

Pancreatectomy including DP-CAR following neoadjuvant treatment for borderline resectable pancreatic cancer

Hiroki Yamaue

Second Department of Surgery, Wakayama Medical University,
Japan

The overall 1- and 5-year survival rates in patients with pancreatic carcinoma are generally less than 20% and 5%, respectively, with radical surgical resection (R0) remaining the most important factor impacting the long-term survival. Especially, the survival after surgery of patients with borderline resectable pancreatic cancer is definitely worse and one should consider the additional treatment for those patients subgroups. The attempt for neoadjuvant approach allowed for identification of a subset of patients who were most likely to benefit from surgery, as evidenced by the favorable median survival in this group. The patients with favorable responses to preoperative therapy (radiographic evidence of tumor regression and improvement in serum tumor marker levels) were those who had the best chance for R0 resection and a favorable long-term survival. Moreover, most of the patients with pancreatic body/tail carcinoma tend to be diagnosed in more advanced stages, such as when there is tumor involvement of the celiac axis (CA) and of the root of the common hepatic artery (CHA). The indications for distal pancreatectomy with en-bloc celiac axis resection (DP-CAR) were extended

recently to increase the R0 rate for advanced pancreatic body/tail carcinoma. However, one should consider whether the presence of just an R0 resection should be the primary issue of cure in borderline resectable pancreatic carcinoma, because most pancreatic carcinomas recur systemically, and tumor involving arterial structures recur rapidly even after the complete resection. Therefore, it is well recognized that neoadjuvant chemotherapy (NAC) or chemoradiotherapy (NACRT) is essential for obtaining R0 resection in patients with borderline resectable pancreatic cancer.

We have conducted the clinical trial for NAC using gemcitabine and alternative day administration of S-1, and the incidence of R0 reached 81% by NAC in borderline resectable patients, whereas it was only 35% without NAC treatment (Okada, Yamaue et al. Surgery 2013;153:365-372).

In this video symposium, surgical procedures of 2 patients are shown including pancreaticoduodenectomy and DP-CAR after NAC treatment, and would like to discuss the surgical procedures for patients with borderline resectable pancreatic cancer.