

## **Is RAMPS Only Way for Surgical Curability in Treating Left-sided Pancreatic Cancer? From “Cons” side**

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Pancreas cancer is among the five most frequent cause of cancer-related death with overall 5-year survival rates of 8-9%. Complete operative resection of pancreas cancer is the only potential hope of cure and is the most relevant predictor of long-term survival. Some authors argue Radical Antegrade Modular PancreatoSplenectomy (RAMPS) provide improved negative margin and lymph node retrieval for pancreas body/tail cancer compared with standard resection, therefore RAMPS is the good option for pancreas body/tail cancer. But, reported many studies showed RAMPS does not lead to better overall survival compared to standard operation.

Many reports show no benefit to performing an extended lymphadenectomy. Despite the variation in definition of lymphadenectomy, many surgeons agreed that extended lymphadenectomy is not necessary procedures.

Although an R0 resection is always reported to be the only chance of long-term survival in patients with pancreatic ductal adenocarcinoma, this treatment modality alone is not sufficient and should be combined with adjuvant chemotherapy.

In the field of surgical oncology tumor, biology is king, patient selection is queen, and technical manoeuvres are the prince and princess who try, but usually fail, to usurp the throne.

## **Is RAMPS Only Way for Surgical Curability in Treating Left-sided Pancreatic Cancer? From “Pro” side**

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Surgical resection is the only curative treatment for pancreatic cancer, and distal pancreatectomy with splenectomy is standard technique for left sided pancreatic cancers. “Standard Retrograde Pancreatosplenectomy” (SRPS) is conventional surgical approach for this sake. Another major approach is “Radical Antegrade Modular Pancreatectosplenectomy” (RAMPS), which was originally reported by Strasberg et al, in 2003. They advocated that RAMPS provides superior visualization of the posterior plane of the dissection, which is so called “fusion fascia”. Second, they also emphasized that RAMPS reduces intraoperative blood loss by early ligation of the splenic artery. There are some issues to be discussed here. First, whether radical resection including splenectomy is needed to improve prognosis of left sided pancreatic cancers. Second, we can reach “fusion fascia” more easily by classical radical resection, which use Kocherization of pancreatoduodenum at the beginning. Third, we can reduce arterial blood supply by ligating the middle of splenic artery even during SRPS. However, we could modify RAMPS and make it more feasible in terms of visualization of the proper layer. This modified RAMPS is less invasive than classical radical resection by avoiding unnecessary dissection of whole pancreas. We will discuss about these issues, and also refer to our modified RAMPS procedure.