

**ABST-0055**

Distal Pancreatectomy With Celiac Axis Resection (DP-CAR) In The Era Of Neoadjuvant Chemotherapy: What Decides Proper Candidates For Curative Surgery? – A Korean Nationwide Investigation

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Background : As systemic treatment for pancreatic cancer advances, distal pancreatectomy with celiac axis resection (DP-CAR) has been considered to be a curative-intent surgical option for advanced pancreatic cancer. This study aimed to review surgical and oncologic outcomes of DP-CAR based on a Korean nationwide data.

Methods : We collected data of patients who underwent DP-CAR for pancreatic cancer between 2007 and 2021 at seven major hospitals in Korea. Clinicopathological characteristics, postoperative complications, and data on survival of the patients were retrospectively reviewed. Logistic regression analysis was performed to identify risk factors for postoperative complications and survival.

Results : A total of 75 patients, consisting mainly of borderline resectable (n = 32) or locally advanced (n = 30) pancreatic cancer, were included in the analysis. Forty-two (56.0%) patients underwent neoadjuvant treatment (NAT). There were 20 (26.7%) patients with Clavien-Dindo grade ≥ 3 complications, including four patients with ischemic gastropathy, two with hepatic ischemia and two with procedure-related mortalities. Neoadjuvant chemotherapy increased the risk of postoperative complications (p = 0.028). The median recurrence-free and overall survival were 7 and 19 months, with 5-year survival rate of 13% and 24%, respectively. In NAT group, CA 19-9 decrease and post-NAT maximum standardized uptake value (SUVmax) in positron emission tomography (PET) were associated with survival after surgical resection.

Conclusions : Despite the possibility of major complications, DP-CAR could be a feasible option for achieving curative resection with fair survival outcomes in patients with borderline resectable or locally advanced pancreatic cancer. Further study is necessary to investigate the safety of the procedure and to identify proper surgical candidates with potential survival gains.

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