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## When Do Junior Surgeons Start Minimally Invasive Pancreatoduodenectomy?: Initial Experience Of The Next Generation

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**Background** : There are several guidelines for minimal invasive pancreatoduodenectomy (MIPD) in terms of prerequisite or learning curve. However, these guidelines are based on the experience of the pioneers of MIPD, and there are few data about the experience of the next generation. The aim of the study is to compare the two surgeons (veteran and junior surgeons) for MIPD in terms of immediate postoperative outcomes.

**Methods** : Data from 20 patients who underwent robotic-assisted pancreatoduodenectomy (RAPD) from July 2021 to December 2022 were retrospectively reviewed. The junior surgeon experienced 17 cases of open pancreatoduodenectomy (PD) during 1 year before starting the RAPD, and the veteran surgeon experienced about 300 cases of open PD and 150 cases of laparoscopic PD before starting the RAPD. Their surgical outcomes were evaluated and compared to the outcomes of initial RAPD experience by the veteran surgeon from January 2017 to December 2018 (n=20).

**Results** : The veteran surgeon showed shorter operation time (junior surgeon vs. veteran surgeon (min.):  $627 \pm 77$  vs.  $462 \pm 73$ ,  $p < 0.001$ ). Excepting operation time, there was no significant difference between the 2 surgeons in terms of operative outcomes such as blood loss, major complication, POPF, and hospital stay (blood loss (ml):  $325 [225-625]$  vs.  $200 [100-450]$ ,  $p = 0.115$ ; Complication ( $\geq$ CDC IIIa): 3 (15.0%) vs. 4 (20.0%),  $p > 0.999$ ; POPF ( $\geq$ ISGPF Grade B): 2 (10.0%) vs. 3 (15.0%),  $p > 0.999$ ; Hospital stay (day):  $18.5 \pm 9.2$  vs.  $17.9 \pm 7.7$ ,  $p = 0.825$ ) (Table)

**Conclusions** : The next-generation surgeon's initial outcomes of MIPD were not inferior to the outcomes of the pioneers. They could start MIPD earlier than the pioneers.

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