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## **Comparison Of Outcomes Of Minimally Invasive And Open Pancreaticoduodenectomy For Resectable And Borderline Resectable Pancreatic Ductal Adenocarcinoma: A Propensity-score Matched Analysis**

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**Background** : The technical and oncological safety of minimally invasive pancreaticoduodenectomy (MIPD) remains controversial in treating pancreatic ductal adenocarcinoma (PDAC). We evaluated the oncologic and surgical benefits of MIPD by comparing it with open pancreaticoduodenectomy (OPD).

**Methods** : From April 2014 to July 2022, 357 patients who underwent pancreaticoduodenectomy for resectable and borderline resectable PDAC were finally enrolled in this study. Among these patients, 112 underwent MIPD, and 245 underwent OPD. MIPD patients were matched to OPD patients using propensity scores.

**Results** : The operation time was longer in the MIPD group; however, the estimated blood loss, intraoperative transfusion, and hospital stay were less than that of the OPD group ( $p=0.001$ ). Regarding safety, the incidence of complications such as clinically relevant postoperative fistula and delayed gastric emptying was similar in both groups. Overall, disease-free survival was not different between MIPD and OPD ( $p=0.615$ ,  $p=0.245$ ).

**Conclusions** : MIPD is safe and feasible and has a comparable long-term oncological outcome with OPD in both resectable and borderline resectable PDAC patients.

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