

**ABST-0448**

Modified Appleby Procedure For Locally Advanced Pancreatic Body Cancer

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Background : With advent of better neoadjuvant therapy in recent years, Modified Appleby procedure (Distal Pancreatectomy with Celiac Axis Resection: DP-CAR) is being increasingly utilized for management of locally advanced pancreatic cancers (LAPC) of pancreatic body.

Methods : We present a case of a 48-year-old gentleman with pancreatic body cancer with celiac axis involvement. He was offered 4 cycles of FOLFIRINOX with SBRT. The response assessment scan showed a good response. We performed a modified Appleby procedure. The distal hepatic artery and GDA was preserved and intraoperative doppler confirmed a good Hepato-petal arterial flow, hence no arterial reconstruction was needed.

Results : The procedure was performed in 350 minutes with a blood loss of 800ml. Postoperatively, patient required percutaneous drainage of collection secondary to pancreatic occlusion failure. He also had diarrhea secondary to extensive dissection around superior mesenteric artery, which was controlled with medications. Histopathology report showed residual viable MDAC, ypT3N0, all margins were free of tumor (R0 resection).

Conclusions : Modified Appleby procedure remains an effective option in well selected locally advanced pancreatic body and tail cancers. The procedure can be safely and effectively performed at a high volume center.

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