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Risk And Oncologic Role Of Resection Of Portal Vein And Artery In The Resection Of Pancreatic Cancer

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Background : Major vascular resection especially arterial resection has been contraindicated in pancreatectomy due to high morbidity with low clinical benefit. However with the development of chemotherapy and vascular anastomosis technology, more and more patients need vascular resection for curative treatment, and the clinical significance needs to be re-evaluated over time. This study aimes to verify the safety and oncological benefits of vascular resection during pancreatectomy.

Methods : Patients who underwent surgery for pancreatic cancer at Seoul National University Hospital between 2001 and 2021 were included. Clinicopathological characteristics and survival analysis were compared according to period and vascular resection.

Results : A total of 1,604 patients were included. Among the patients, 307 patients (19.1%) underwent vascular resection during operation. The rate of vascular resection was increased from 7% in the early period to 34% in the last period. Although vascular resection group had a longer operation time and a higher estimated blood loss, there was no difference in complications and mortality rate compared to the non-vascular resection group. Arterial resection group had a survival rate similar to that of non-vascular resection group (median 20 vs. 29 months), but much better than that of the non-resection palliative group (median 12 months).

Conclusions : Appropriate vascular resection as well as arterial resection in well-selected patients for radical surgery is important for curative resection of patients. Vascular resection results in a survival gain over palliative treatment due to vessels. Well-trained vascular surgeons will be increasingly relied upon for the treatment of pancreatic cancer in the era of neoadjuvant therapy.

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