

HBP SURGERY WEEK 2023

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58th Annual Congress of the Korean Association of HBP Surgery



EP 140

Pancreatic Metastasectomy For Secondary Malignancy Of The Pancreas: A Single-institution Experience

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Background : Metastasis to the pancreas is rare, and the benefit of resection for pancreatic metastasis is poorly defined. Only few data on the surgical outcome of pancreatic resections performed for metastasis from other primary tumor have been published, and there are no guidelines to address the surgical treatment for these patients. The purpose of this study was to discuss the experience with the operative management of metastasis to the pancreas.

Methods : This retrospective study included 76 patients who underwent metastasectomy for secondary metastasis to the pancreas between January 2000 and December 2020 at Samsung Medical Center, Seoul, South Korea. The clinical features and overall survival and disease-free survival after metastasectomy were examined.

Results : The primary cancers were renal cell carcinoma (RCC, n = 58), ovarian cancer (n = 4), sarcoma (n = 4), colorectal cancer (n = 4), gastric cancer (n = 2), and other malignancies (breast, liver, lung, and esophagus). 44 patients underwent distal pancreatectomy, 21 pancreaticoduodenectomy and 11 patients underwent enucleation or total pancreatectomy for metastasis. The overall survival was significantly higher in the RCC group than the other malignancy group (p=0.007). There were no statistically significant differences in overall survival and disease-free survival between right RCC group and left RCC group (p = 0.554).

Conclusions : Pancreatic metastasectomy is a treatment approach for select patients with pancreas metastasis and can be associated with long-term survival. Disease-free intervals, synchronous presentations, and cancer type are all important factors when deciding on a surgical approach.

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