



Arterial Resections in Pancreatectomy: experience from a tertiary care specialised HPB unit

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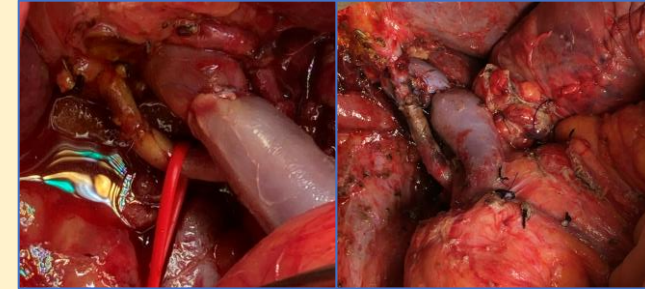
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Aims:

- Surgical approach to arterial involvement in pancreatic cancer:
 - ✓ peri-adventitial dissection (divestment)
 - ✓ arterial resection
- Arterial resection lacks consensus in terms of safety and oncological benefit.
- This study aims to present our unit's experience of arterial resections for locally advanced pancreatic cancer.

Methods:

- Retrospective analysis of prospectively collected data
- All patients who underwent pancreatectomy with arterial resection for locally advanced pancreatic cancer between 2017 to 2023



Results:

11 pancreatectomy patients with arterial resection

Pancreatoduodenectomy n=3, Distal pancreatectomy n=3

Total pancreatectomy n=5

❖ All patients received **3 or 6 months of neoadjuvant chemo**

❖ Arterial resections included:

3 coeliac axis resections (Mod Appleby)

3 resections of replaced RHA

5 resections of CHA

1 resection of SMA

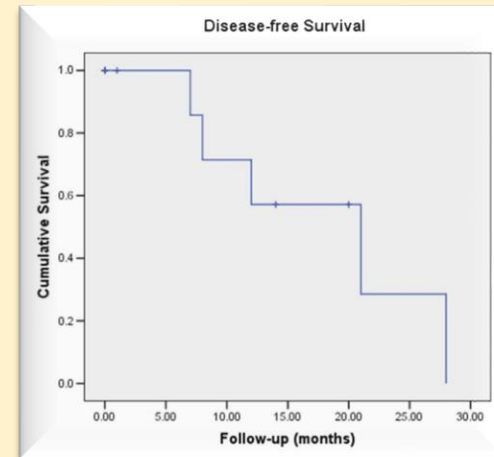
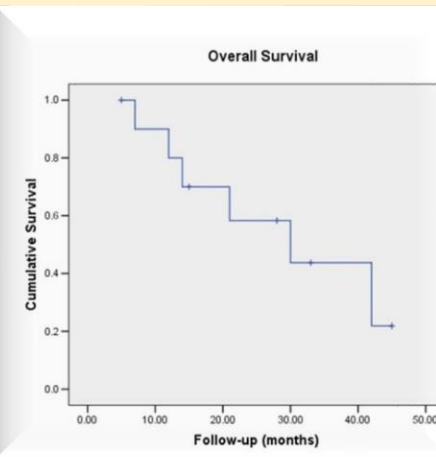
❖ 3 cases were pT3 or above and notably 1 case was pN0.

❖ 5 patients (45%) developed significant morbidity (Clavien Dindo ≥3), including 3 early post-operative deaths.

❖ Tumour free resection margin was achieved in **50% of cases**

❖ Median overall survival: **30 months**

❖ Disease-free survival: **21 months**



Survival UHB vs RCTs of Adjuvant Chemo

	Median Survival
UHB Downstaged	35 months
ESPAC-1 GEM	18 months
ESPAC-4 GEMCAP	28 months

Conclusions:

- Surgical resection in locally advanced pancreatic cancer confers survival advantage
- Arterial resection should be considered in selected cases
- Selection of disease biology with NAT
- Careful consenting and preop planning
- Dedicated postop management even after discharge

References:

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Haines et al., Pancreas. 2020 May/Jun;49(5):621-628

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Lu Liu et al, Distal pancreatectomy with En bloc coeliac axis resection for locally advanced pancreatic body/tail cancer:, Asian Journal of Surgery, Volume 45, Issue 1, 2022