Novel resection technologies for locally advanced pancreatic cancer

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Digestive Oncology | Education & Training | Mechanisms & Personalised Medicine | Pancreas | Standards & Guidelines

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The speaker, a surgical oncologist with over 20 years of experience, argues that extensive surgery for locally advanced pancreatic cancer is feasible and beneficial in selected patients when performed as part of multi-modality treatment, with current 90-day mortality around 2% and R0 resection rates of 90% using arterial divestment.

KEY POINTS

- The speaker reports that approximately 20-25% of a very small subgroup of patients now survive after extensive resections for locally advanced pancreatic cancer, compared to almost no 5-year survivors before this approach was adopted.
- The speaker states that current 90-day mortality for these complex resections is 2.2% and the aim is to reduce it to 1-1.5%, with manageable complications in experienced hands.
- The speaker recommends starting chemotherapy rapidly with folfirinox if possible, as intensive chemotherapy makes extensive surgery possible and operating without prior chemotherapy almost certainly fails.
- In the speaker's cohort, about 80% of resectable and locally advanced cases undergo venous resection, and in 90% of cases using arterial divestment, R0 negative margins are achieved.
- The speaker emphasizes that this surgery requires 15-plus years of training, is life-threatening and extremely complex, and should only be performed in highly specialized centers as part of individualized multi-modality treatment.

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