gutflix
GI learning, personalised

Summary

Outcome of radical resections

Jony van Hilst

UEG Week Barcelona 2026 | Presentation

Surgery | Radiology & Imaging | Pancreas | Mechanisms & Personalised Medicine | Digestive Oncology

October 20, 2026

A Dutch nationwide implementation program increased the resection rate for locally advanced pancreatic cancer from 8% to over 20% while maintaining acceptable surgical safety, though survival benefit of resection over chemotherapy alone remains uncertain.

KEY POINTS

- The speaker reported that the PREOPANC implementation program enrolled approximately 300 patients with locally advanced pancreatic cancer, with 155 ultimately undergoing resection after induction chemotherapy, achieving major morbidity of 44% and in-hospital mortality of 1%.
- The speaker stated that 60% of resected patients required portomesenteric venous resection, 23% needed multivisceral resection, and 21% required arterial dissection, with neurogenic diarrhoea occurring in 59% of patients who underwent arterial procedures.
- The speaker presented data showing that patients who underwent non-therapeutic laparotomy due to unresectable vascular involvement had a five-year overall survival of 18%, not significantly different from the resection group, raising questions about the added benefit of surgery.
- The speaker emphasized that patient selection using ABC criteria (anatomy, biology including CA 19.9 response and PET CT, and condition) is crucial, and that long-term survival and pathology outcomes from the implementation program are still awaited.
- The speaker disclosed that a randomized controlled trial comparing surgery versus stereotactic ablative radiotherapy in biologically favorable locally advanced pancreatic cancer patients will be initiated in the Netherlands to address whether resection provides survival benefit.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/349ae4e6-d150-11f1-964a-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.