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Summary

SPLENIC HILUM NODAL INVOLVEMENT IN LEFT PANCREATECTOMY FOR PANCREATIC DUCTAL ADENOCARCINOMA (SPLENDID): INTERNATIONAL PROSPECTIVE SINGLE-ARM TRIAL TO ASSESS THE ONCOLOGICAL SAFETY OF SPLENIC PRESERVATION

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Mechanisms & Personalised Medicine | Pancreas | Digestive Oncology

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The international SPLENDID study found lymph node metastases in the peri-splenic hilum in only 3.6% of 247 patients undergoing left pancreatectomy for pancreatic ductal adenocarcinoma, supporting a randomized trial of spleen-preservation.

KEY POINTS

- In this 34-center prospective study simulating spleen-preservation by dividing specimens on the back table, 9 of 247 patients (3.6%) had lymph node metastases in the spleen-part, with 4 of these 9 having preoperative suspicion of peri-splenic hilum nodal involvement.
- Median lymph node yield was 20 (IQR 14-31), with 16 (IQR 10-25) in the pancreas-part and 3 (IQR 1-6) in the spleen-part.
- There was no difference in tumor-spleen distance between patients with versus without spleen-part metastases (30mm vs 40mm, p=0.917).
- The low rate of peri-splenic hilum nodal metastases supports proceeding to a randomized controlled trial comparing spleen-preserving left pancreatectomy to splenectomy for pancreatic adenocarcinoma.
- The speaker noted that splenectomy carries higher morbidity, lifelong infection risk, and may impair T-cell activation important for emerging immunotherapies and personalized cancer vaccines.

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