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Summary

EFFICACY AND SAFETY OF METAL VERSUS PLASTIC STENTS FOR PREOPERATIVE BILIARY DRAINAGE IN PANCREATIC CANCER PATIENTS RECEIVING NEOADJUVANT CHEMOTHERAPY OR CHEMORADIOTHERAPY: A LARGE MULTICENTER STUDY

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Hepatobiliary

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A Japanese multicenter retrospective study of 251 patients with resectable or borderline resectable pancreatic ductal adenocarcinoma undergoing neoadjuvant therapy found metal stents reduced recurrent biliary obstruction and shortened perioperative hospital stays compared to plastic stents for preoperative biliary drainage.

KEY POINTS

- After propensity score matching (84 pairs), recurrent biliary obstruction occurred in 11.9% of metal stent patients versus 59.5% of plastic stent patients ($p < 0.001$), with median time to recurrent biliary obstruction of 353 days versus 74 days ($p < 0.001$).
- Metal stents were associated with shorter time from stent placement to surgery (median 95 days versus 112 days, $p = 0.010$) and shorter postoperative hospital stays (median 17 days versus 20 days, $p = 0.025$).
- Recurrent biliary obstruction was the sole independent factor associated with postoperative adverse events (odds ratio 2.36, $p = 0.019$), while stent type itself was not significantly associated with postoperative adverse events.
- Postoperative pancreatic fistula incidence was significantly higher in patients who developed recurrent biliary obstruction (16.7% versus 5.6%, $p = 0.027$).
- The authors conclude that metal stent placement is preferable for preoperative biliary drainage in this patient population; this material is relevant for clinicians managing patients with pancreatic cancer undergoing neoadjuvant therapy.

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