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Summary

MINIMALLY INVASIVE VERSUS OPEN LEFT PANCREATECTOMY FOR RESECTABLE PANCREATIC CANCER: LONG-TERM RESULTS OF THE RANDOMIZED DIPLOMA TRIAL

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Immunology | Pancreas | Surgery

October 7, 2025

The DIPLOMA trial long-term follow-up showed no significant difference in overall survival or disease-free survival between minimally invasive and open left pancreatectomy for upfront resectable pancreatic cancer, confirming oncological safety of the minimally invasive approach.

KEY POINTS

- After median 38-month follow-up of 258 randomized patients, overall survival was 32 months for minimally invasive versus 34 months for open left pancreatectomy (hazard ratio 1.02, p=0.92).
- Disease-free survival was 21 months for minimally invasive versus 17 months for open approach (hazard ratio 0.96, p=0.81).
- Local and intraperitoneal recurrence rates were similar between the two surgical approaches.
- Adjuvant therapy was administered in 70% of minimally invasive and 72% of open cases, with comparable time to initiation (median 59 vs 56 days, p=0.92).
- The trial previously demonstrated R0 resection rates of 73% for minimally invasive versus 69% for open surgery, establishing non-inferiority for radical resection.

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