SURGERY AFTER NEOADJUVANT THERAPY IS SUPERIOR TO UPFRONT SURGERY FOR PANCREATIC CANCER WITH VENOUS INVOLVEMENT

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A multicenter retrospective study of 1,051 pancreatic cancer patients with venous involvement found that neoadjuvant therapy was associated with better pathological outcomes, fewer major complications in selected cases, and improved overall survival compared to upfront surgery.

KEY POINTS

- Neoadjuvant therapy patients had significantly better overall survival (27.3 versus 21.2 months, p=0.003) and more favorable pathology including fewer R1 resections (44.7% versus 67.2%), less lymph node involvement (60.6% versus 83.6%), and less venous infiltration (52.3% versus 65.9%).
- Despite higher radiological suspicion of venous involvement, neoadjuvant therapy patients required fewer actual venous resections (53.7% versus 79.3%, p<0.001).
- When venous resection was not performed, neoadjuvant therapy patients had significantly fewer major complications (10.8% versus 24.4%, p=0.02), fewer reoperations (3.0% versus 11.2%, p=0.006), and lower 90-day mortality (2.4% versus 7.7%, p=0.03).
- In patients who did undergo venous resection, there were no significant differences in major complications or reoperations between the two groups.
- The authors conclude that neoadjuvant therapy should be considered for pancreatic cancer with venous involvement as it may improve patient selection and outcomes.

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