



# **Results of total duodenopancreatectomies for pancreatic malignancy**

50 cases

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## **Background**

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Total pancreatectomy (TP) is still a rare procedure for pancreatic malignancy. Short-term and diabetes mellitus-associated mortality is still higher compared to proximal and distal pancreatic resections

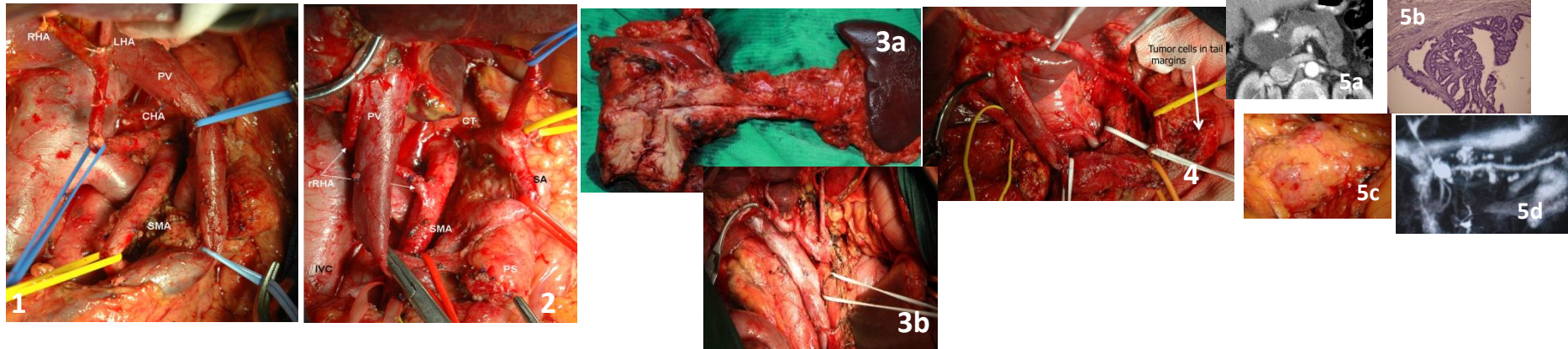
**Aim** To assess safety , short- and long-term morbidity and mortality after TP by comparison with pancreatic resections

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# Patients and methods

Prospective comparison of results of 230 elective radical procedures for pancreatic cancers (2008-14): 50 total (TP), 96 standard (SPD) and 68 extended (EPD) Whipples (with 15 Appleby procedures) and 16 distal pancreatectomies. The cases of completion pancreatectomy were excluded  
Mean age – 63y (42–80) in all groups except DP where it was 57 (47-66). Males 57%.

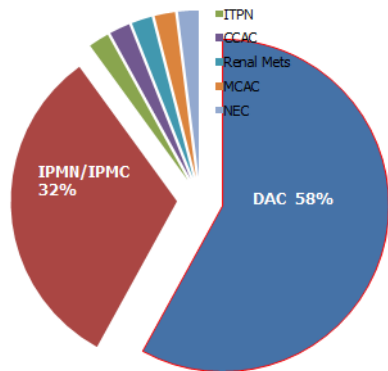
Indications for SPD and DP – evidently resectable pancreatic head or left-sided pancreatic tumor, for EPD - achievement of R0 resection level in case of borderline-resectable tumors (Fig1. and 2.)



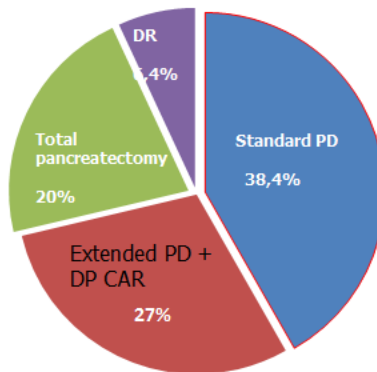
- Indications for TP** - I. Pancreatic Ductal AdenoCarcinoma (PDAC) with extensive or multicentric organ involvement (Fig.3a,b)  
II. Cancer cells in pancreatic body margins after repetitive body resection during Whipple (Fig.4)  
III. Md -IPMN (IPMC) or multifocal bd-IPMN (IPMC) with total pancreas involvement (Fig.5a-d)

# Results

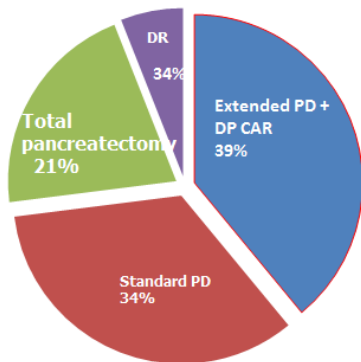
Nozology for all kinds of pancreatic cancer (n230)



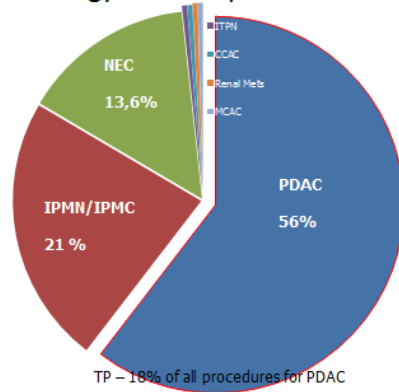
Surgery for pancreatic cancers(230)



Surgery for ductal adenocarcinoma (PDAC) (n139)

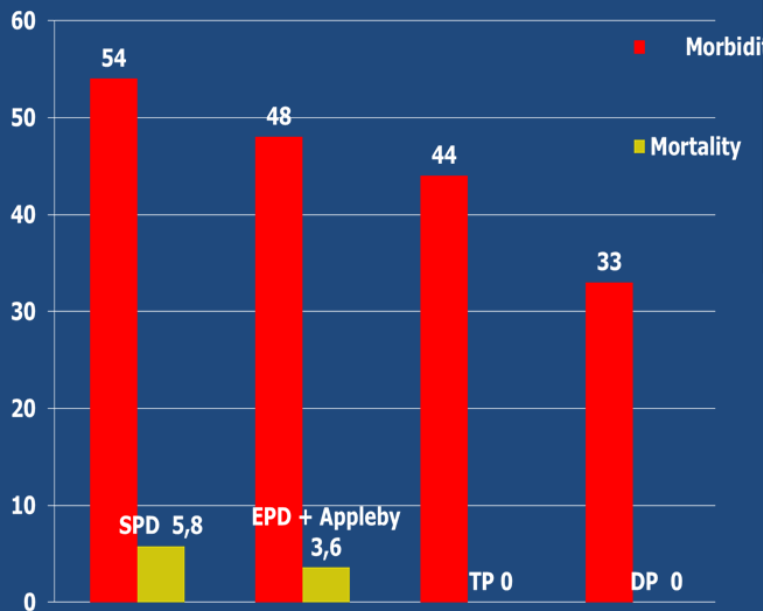


Nozology for total pancreatectomy (n50)

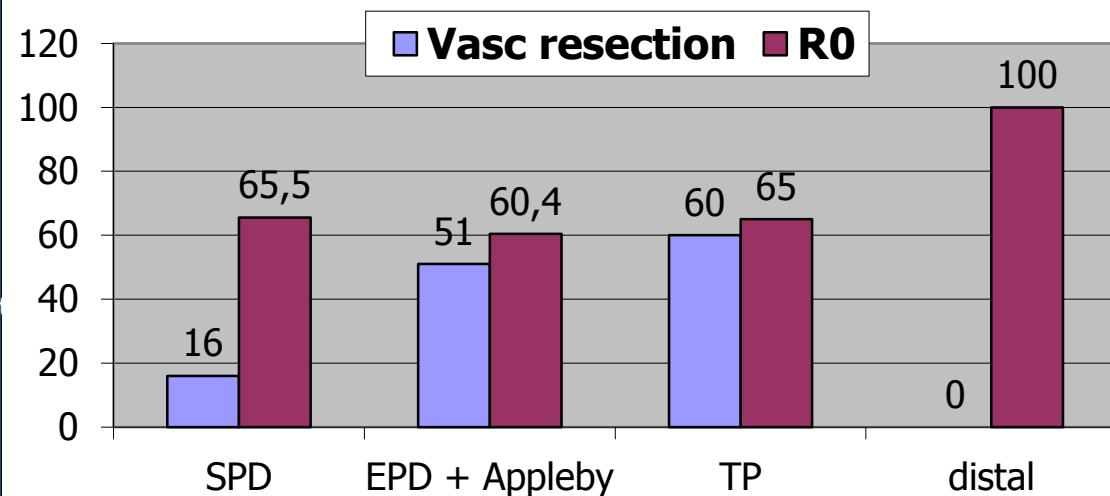


TP – 18% of all procedures for PDAC

# Results

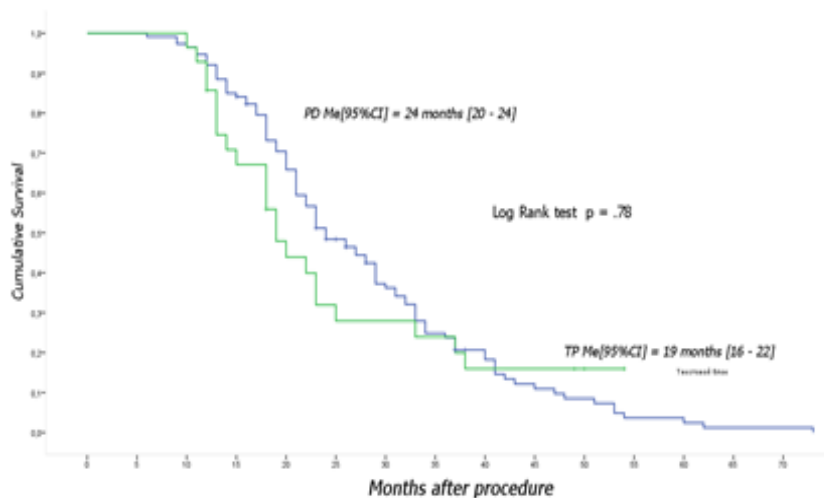


Vascular resections and R0 status (%) for PDAC

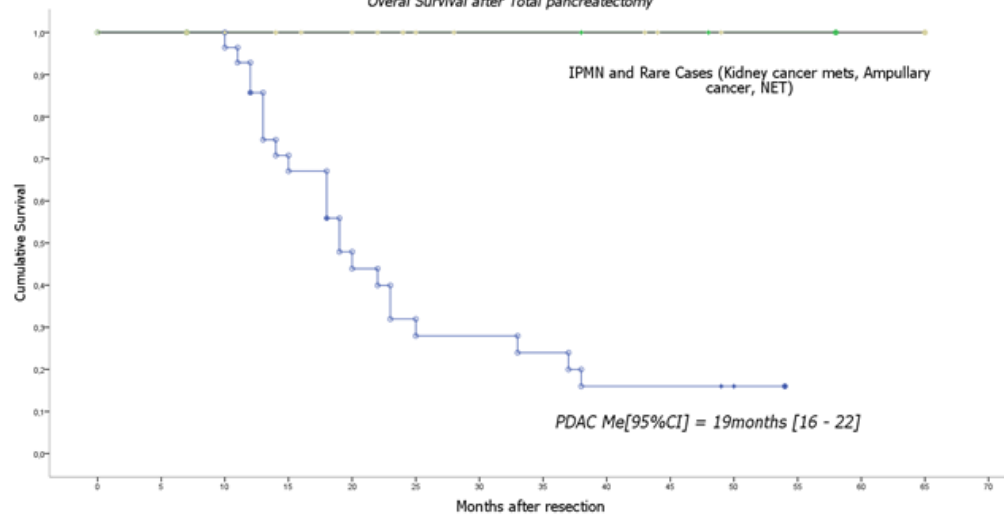


# Results

Comparison of TP and PD for Pancreatic Cancer



Overall Survival after Total pancreatectomy



No cases of DM -associated mortality for TP

## Conclusion

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If indicated, TP today is a safe and reasonable surgical procedure for all types of pancreatic cancer with acceptable perioperative morbidity and mortality, the same mortality and survival as after PD, good long-term results for tumors which differs from PDAC and relatively rare hypoglycemia and diabetes-related deaths

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