

Outcomes Following Surgery for Locally Advanced Pancreatic Cancer - Single Center Experience. A Retrospective Study

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Abstract

Background: Pancreatic cancer represents one of the most frequent cancers with an increased incidence. Most cases on initial diagnosis are considered to be locally advanced and surgery remains the most important therapeutic option. The aim of this study was to evaluate postoperative morbidity that can impair the association of adjuvant therapy.

Methods: We performed a retrospective study on a prospective database that includes all the patients diagnosed with pancreatic cancer in which surgery was performed between 2012 and 2021. We divided the patients in advanced tumours and localized tumours and we compared the outcomes after surgery.

Results: On 58 patients with pancreatic tumours surgery was performed: 28(48.3%) pancreaticoduodenectomies and 30 (51.7%) distal pancreatectomies. Localized tumours (T1 and T2) were encountered in 32 patients (55.2%) and more advanced tumours (T3 and T4) were present in 26 cases (44.8%). Although there was no significant difference either for major complications, we observed a tendency for patients with advanced tumours to develop a major complication (15.6% vs 34.6%, $p=0.09$). The occurrence of major complication, such as pancreatic fistula and postoperative hemorrhage, there was no significant difference (6.25% vs 7.69% and 6.25% vs. 23.1%). On multivariate analysis of preoperative factors associated with the occurrence of a severe complication only the CA19-9 levels were associated with an increased risk (odds ratio 0.666, 95% CI 0.5-1.01; $p=0.04$)

Conclusions: This study showed no significant differences in terms of postoperative complications between the two subgroups. CA 19-9 is an accurate biomarker for the prediction of postoperative complications.

Key words: pancreatic cancer, pancreatic resection, morbidity, pancreatic fistula