

**BP OP 2-4**

## **The changes of the evaluation of resected lymph nodes and TNM staging of resectable pancreatic head cancer based on standardized lymphadenectomy and sampling**

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**Introduction** : To study the changes of the evaluation of resected lymph nodes and TNM staging of resectable pancreatic head cancer based on standardized lymphadenectomy and sampling.

**Methods** : Consecutive patients from December 2017 to June 2018 with resectable pancreatic head cancer who received standard pancreatoduodenectomy were recruited as study group. The surgeon dissected lymph nodes following the guidelines from the fresh specimen. Pathologic reports from May 2017 to November 2017 were taken as control group. Number of lymph nodes, positive nodes ratio were compared. According to the seventh and eighth edition of TNM staging, the changes of N and TNM staging were analysed.

**Results** : 33 cases were recruited in the study group and 29 cases in control group. The average number of lymph nodes dissected in the study group was  $23.27 \pm 8.87$  (10-47), the number was  $15.07 \pm 3.99$  (8-23) in control group,  $P=0.001$ . Rate of cases with more than 15 nodes (standard-reaching rate, SRR) is 81.82% (27/33) in the study group and 51.72% (15/29) in the control group,  $P=0.011$ . The highest positive lymph node ratio (PLR) is in No.17, 36.84%. the positive ratio of No. 14a+14b is 26.32% which is higher than No.8: 10.53% ( $P=0.044$ ). According to the T stage changes in the eighth edition, 2cases (6.06%) changed from IB to IIA, 7 cases (21.21%) from IIA to IB. According to the N stage changes, 5 cases (15.15%) changed from IIB to III (25.00%) .

**Conclusions** : No.14 should be treated as the first stage lymph nodes rather than second stage because of the anatomic character and higher metastatic ratio. Standardised lymphadenectomy and sampling may change the TNM staging and clinical treatment.

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