

Surgery after neoadjuvant treatment: difficulties and tips to overcome

Jin HE

Surgery, Johns Hopkins University School of Medicine, USA

Lecture : In our institution, we routinely give neoadjuvant chemotherapy \pm radiotherapy for patients with BRPC/LAPC. Selection appropriate patients based on high-quality imaging study and the decrease of tumor marker is the key for the successful outcome. Pancreaticoduodenectomy after neoadjuvant chemoradiation therapy for pancreatic cancer is often technically challenging. We prepare to do vascular reconstruction for those patients with BRPC/LAPC, although most cases were finished without vascular reconstruction in the end.

After neoadjuvant treatment, tissue often has significant fibrotic change which makes the anatomic dissection difficult. However, the reconstructions during the pancreaticoduodenectomy are often straightforward with less fistula rate. We recommend open surgery for BRPC/LAPC due to the shorter surgery time. At the same operation, we routinely perform diagnostic laparoscopy to rule out the liver metastasis and carcinomatosis because some patients have occult metastasis. Here we present our surgical experience in treating patients with BRPC/LAPC.

Corresponding Author. : **Jin HE** (jhe11@jhmi.edu)