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## **Reconstruction of SMA for locally advanced pancreatic cancer**

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**Introduction** : We underwent resection for cases of locally advanced pancreatic cancer which disease control is obtained after preoperative chemoradiotherapy. We examine the outcome of cases suspected of invasion of superior mesenteric artery (SMA) and performing SMA reconstruction.

**Methods** : From 2008 to 2017, resection for 362 pancreatic cancer cases were performed in our institute. Combined arterial resection was performed in 29 (8.0%) cases. Among them, SMA reconstruction was performed in 4 (1.1%) cases.

**Results** : Median age was 60 years old. Male was 3 cases and female was a case. 3 patients with UR-LA and a patient with BR-A were received SMA reconstruction. All cases received surgical resection after preoperative chemoradiotherapy of 2 to 8 months. Two cases underwent total pancreatectomy and the other 2 cases underwent pancreaticoduodenectomy. For TP cases, SMA reconstruction was performed using splenic artery, whereas end-to-end anastomosis reconstruction were performed in PD cases. Portal vein reconstruction was performed for all cases. Two patients encountered Clavian-Dindo grade 3 complications, but in both cases, discharge was lightly delayed in comparison with the median hospital stay in our department of 29 days. 3 patients received adjuvant chemotherapy using GEM+S-1 or S-1. Two cases relapsed in peritoneal dissemination and two cases relapsed in liver metastasis. The median survival time after initial treatment was 13.6months (11.8 to 20.6 months).

**Conclusions** : Although the prognosis of pancreatic cancer with SMA reconstruction is severe, it is necessary to improve prognosis in the future by improving multidisciplinary treatment.

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