

**P119****Laparoscopic versus Open pancreaticoduodenectomy for Pancreatic Neuroendocrine Tumors: a Single Center Experience**

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**Introduction :** Efficacy and outcomes of laparoscopic resection for pancreatic neuroendocrine tumors(PNETs) are well established; specific data for laparoscopic pancreaticoduodenectomy(L-PD) are limited. The purpose of this study to evaluate the clinical and oncologic outcomes after L-PD versus open-PD(O-PD) for PNETs.

**Methods :** Between January 2006 and December 2017, 151 patients with PNETs underwent O-PD or L-PD at Asan Medical Center. Of these patients, 58 underwent a laparoscopic approach and 93 an open technique. A retrospective study was performed to evaluate clinical and oncologic outcomes of L-PD group compared with O-PD group.

**Results :** The mean operative time for the L-PD group was longer than for the O-PD( $p=0.001$ ) and the mean duration of the postoperative stays was shorter in L-PD group( $p<0.001$ ). Overall complication did not differ significantly between L-PD and O-PD groups( $p=0.607$ ). Oncologic outcomes demonstrated no significant differences in resection margin, size of tumor, tumor grading or T/N stages. The number of harvested lymph node in L-PD was lower than those in O-PD(7.1 versus 10.8,  $p=0.001$ ). Three-year overall survival after PD for PNET was 95.0% in L-PD and 90.0% in O-PD( $p=0.074$ ). Three-year disease free survival in L-PD 90.9% compared to 86.9% in O-PD( $p=0.235$ ).

**Conclusions :** L-PD for PNETs in selected patients is feasible and the advantages of a short recovery and reduced hospital stay. L-PD for PNETs had similar survival compared with O-PD, however the opposing difference in harvested lymph node strengthens a randomized trial to confirm the oncological safety of L-PD for PNETs.

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