

Evolution of Surgeons' Role for Pancreatic Cancer in Korea

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Lecture : The role of surgery for cure of the pancreatic cancer (PC) had been very limited. Because the proportion of resectable PC was less than 20% and Korea belonged to low incidence country, at least until a couple of decades ago, surgical case was extremely rare. It was natural that we did not have pancreas specialist surgeon in our country. But these days Korea has much more cases not only due to increased life expectancy, but also increased age standardized incidence. And Korea finally has become one of the high incidence countries. We also expect that PC would be the second most common cause of cancer death in the year 2030, as western countries do.

Recently emerging neoadjuvant therapy (NAT) and the concept of borderline resectable PC (BRPC) brought more cases to surgery. More effective modern chemotherapy and radiation therapy are inducing higher probability of curative surgery. There have been increasing reports about cases considered unresectable due to locally advanced disease or distant metastasis became resectable after modern chemotherapy. So such approach, called 'conversion surgery' is also another reason for increasing surgery cases. As we have more effective non-surgical therapeutic tools, the role of surgery, as a modality essential for cure, is becoming more important, although the disease should be regarded as a systemic disease.

As surgical cases have increased in number in Korea, many surgeons have paid more attention to PC and Korean Pancreatic Surgery Club was established. Different surgical procedures have been challenged and many surgeons started to try resection more actively. High quality multicenter randomized controlled trial (RCT) to standardize the extent of surgery for PC was performed and reported from Korea. The first RCT to provide evidence of the effect of NAT for BRPC was reported from Korea. Minimally invasive pancreatectomy has also become one of the field that Korea is leading the world.

Now is a big transitional era for management of pancreatic cancer. Thanks to development of modern therapies, now we see survival improvement in outcome of PC that we have barely seen before and expect better outcome in the near future. We surgeons should continuously try to improve local control of the disease by determining adequate extent and approach mode of surgery to establish a comprehensive surgical guideline for PC. Korean pancreatic surgeons can be one of the global leading groups to do it. Big country does not mean one with a big land, but one with great people.

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