

Extended Pancreatectomies for Pancreatic Ductal Adenocarcinoma †

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Abstract: Resection represents the single hope for long-term survival in pancreatic ductal adenocarcinoma (PDAC). Negative resection margins after pancreatectomies for PDAC are critical for the prognosis of the patient. PDAC frequently presents invasion of the surrounding structures and, thus, in these patients, extended pancreatectomies are required to obtain negative resection margins. The paper presents the rationale of extended pancreatectomies in PDAC, the definitions of a standard and an extended pancreatectomy, and the early and long-term outcomes after extended pancreatectomies for PDAC. Extended pancreatectomies in PDAC can be safely performed in high-volume centers to achieve long-term survival if negative resection margins are anticipated. However, increased operative time and blood loss, morbidity, and mortality rates should be expected. Survival of patients with extended pancreatectomies for PDAC is equivalent or worse compared to standard pancreatectomies. Nowadays, there is an emerging role of neo-adjuvant therapies for patients proposed for extended pancreatectomies in PDAC.

Keywords: pancreatic ductal adenocarcinoma; standard pancreatectomy; extended pancreatectomy; complications; survival; neo-adjuvant therapies.

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Conflicts of Interest

The authors declare no conflict of interest.