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Results of simultaneous pancreas resection after neoadjuvant chemotherapy in local advanced gastric cancersMurat KALIN¹, **Pirilti ÖZCAN**¹, Özgül DÜZGÜN², Ömer Faruk ÖZKAN¹¹Department of General Surgery, Health Sciences University Ümraniye Research and Training Hospital İstanbul, Turkey²Department of Surgical Oncology, Health Sciences University Ümraniye Research and Training Hospital İstanbul, Turkey

Introduction : Standart treatment in gastric cancer gained a new dimension after contributions from South Korea and Japanese groups. Advanced stage non metastatic gastric cancer which was accepted as an inoperability criteria before 2000s, can nowadays be accepted as resectable due to advancements in neoadjuvant chemotherapy and aggressive surgical methods. In this study, we aim to analyze the results of simultaneous pancreas resection in patients with T4b tumor with adjacent organ invasion.

Methods : Local advanced gastric cancer cases which were collected prospectively between 2016-2020 were analyzed. 70 patients with local advanced gastric cancer, 14 of them with simultaneous pancreas invasion were separated and evaluated on the basis of demographic data, postoperative complications, neoadjuvant chemotherapy modalities

Results : Among 70 patients which were operated between years 2016-2020 due to local advanced gastric cancer, 14 of them had pancreas invasion. Average age of these 14 patients was 58 (46-72), male/female ratio was:5/9. Among these, whipple was performed in 4(28.57%), subtotal pancreatectomy was performed in 5(35.71%) and distal pancreatectomy was performed in 5(35.71%) in addition to total gastrectomy and D2 lymph dissection. Splenectomy was performed simultaneously in 8 cases of subtotal and distal pancreatectomy. Mean operation time for all 14 cases was 317±33 minutes. When postoperative complications were analyzed, 2 cases had biliary leakage, 2 cases

Conclusions : We think that simultaneous resection of pancreas in local advanced gastric cancers can be performed in surgical oncology clinics with contributions of experienced hepatobiliary surgeons with acceptable morbidity and mortality rate.

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