

Whipple Procedure for Locally Invasive Pancreatic Cancer: Complications vs Survival!

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Among common cancers, pancreatic cancer has one of the poorest prognoses [1]. Pancreatic cancer is notoriously difficult to diagnose in its early stages. At the time of diagnosis, 52% of all patients have distant disease and 26% have regional spread. The relative 1-year survival rate for pancreatic cancer is only 28%, and the overall 5-year survival is 7% [2].

Only about 20% of pancreatic cancer patients are eligible for the Whipple procedure [1].

The Whipple procedure involves removal of the “head” of the pancreas, the duodenum, a portion of the common bile duct, gallbladder, and sometimes part of the stomach.

One large study on 643 patients who received the pancreaticoduodenectomy (Whipple) surgery for locally advanced pancreatic cancer at Columbia University from the year 1992 to 2011. The authors’ review of patient records treated at their institution with locally advanced disease who had appeared to fit surgical criteria. At surgery, only 506 of these patients were found by the operating surgeon to merit surgery. The authors looked at survival duration in terms of neoadjuvant status as well as whether vascular resection was done [3].

The authors found that although neoadjuvant therapy appeared associated with an increase in operative mortality (7% vs. 3%), that more neoadjuvant pancreatic cancer patients underwent vascular resection, and that neoadjuvant therapy status significantly increased overall survival (as compared to no receipt of neoadjuvant treatment) at a $p < 0.5$ confidence level of 27.3 months versus 19.7 months [3].

The study revealed that certain patients with apparently unresectable locally advanced pancreatic cancer – as determined by traditional criteria – might gain a potentially improved survival advantage if they respond to neoadjuvant therapy such that they then become candidates for pancreatic surgery, including vascular resection [3].

This is an interesting and fine study that on one hand further complicates the treatment landscape for locally advanced pancreatic cancer, but offers potential improved results for many [3].

Other similar study on 67 patients who received the pancreaticoduodenectomy (Whipple) surgery for locally advanced pancreatic cancer at Damascus Hospital, Syria from the years 2010 to 2014. At surgery, only 51 of these patients’ cancer operable. The authors looked at survival duration in terms of neoadjuvant status as well as whether vascular intervention was applicable [4].

It appeared that the patients with probably unresectable locally advanced pancreatic cancer – as determined by traditional criteria ((i.e. the preoperative evaluation of pancreatic cancer includes the assessment of the relationship between the tumor and the adjacent major vessels, portal vein (PV), superior mesenteric vein (SMV), superior mesenteric artery (SMA), celiac axis (CA), hepatic artery (HA), together with the presence of metastases, most commonly liver, peritoneum, lungs)) – those patients had gained an improved survival advantage as they respond to neoadjuvant therapy such that they then become candidates for pancreatic surgery, including vascular interventions [4].

The study proved that although neoadjuvant therapy associated with an increase in operative morbidity and overall mortality (11% vs. 4%), that more neoadjuvant pancreatic cancer patients underwent vascular resection, and that neoadjuvant therapy increased overall survival (as compared to those not received the neoadjuvant treatment) of 30 months versus 18 months [4].

As a result, a neoadjuvant therapy and vascular resection offer patients with locally advanced pancreatic cancer the chance for cure with acceptable morbidity and mortality. These patients have improved survival over patients deemed locally inoperable by traditional criteria [5].

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