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Disclaimer: The views expressed by Col Chambers do not reflect the official position of the US Government, US Department of the Defense, or Department of the US Air Force.

Use of Total Pancreatectomy and Preoperative Radiotherapy in Patients Undergoing Pancreatectomy with Artery Resection

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We read with great interest the paper from Tee and colleagues.[1] We agree with the authors that, with improved efficacy of neoadjuvant treatments for pancreas cancer, use of pancreatectomy with artery resection will increase in specialized centers for the treatment of patients with locally advanced pancreatic cancer.[2] Of note, the morbidity and mortality rates are quite high in this article compared with other recent publications.[2] In particular, looking at the perioperative outcomes of the second period of Tee and colleagues' study and the recent series from Del Chiaro and colleagues,[2] we see a difference in postoperative severe complication (50% vs 12%) and mortality (9% vs 2.9%) rates. It is possible that this difference in outcomes is related to differences in strategy in performing pancreatectomy with artery resection. In Tee and colleagues' experience, postoperative hemorrhage was the greatest predictor of mortality and postoperative pancreatic fistula, and artery reconstruction with graft/conduit was associated with a high risk of major morbidity. In the article by Del Chiaro and colleagues, the majority of patients who underwent artery resection also underwent total pancreatectomy to both eliminate postoperative pancreatic fistula and rotate the splenic artery for reconstruction of resected arterial segment.[3] In that study, use of interposition grafts was also avoided by fully mobilizing the bowel and performing a primary anastomosis without graft.[4,5] Finally, most of the patients in Tee and colleagues'[1] series received preoperative radiotherapy, which theoretically could contribute to postoperative hemorrhage.[6] Of course, there might be disadvantages in performing total pancreatectomy in every patient, as this will lead them to become a relatively brittle diabetic. This will have ramifications for the patients' quality of life and ability to tolerate additional significant chemotherapy. It is also possible that omission of preoperative radiotherapy might not enable R0 resection rate as well. In conclusions, pancreatectomy with artery resection will probably have an increasing role in very carefully selected patients who demonstrate the right biology. We believe that the role of preoperative radiation therapy and total pancreatectomy should be studied further in this very select patient population and that there are pros and cons to their use.

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Arterial Resections During Pancreatectomy

In Reply to Del Chiaro and Schulick

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We appreciate the recent thoughtful commentary by Drs Del Chiaro and Schulick about our group's previously published series of arterial resections during pancreatectomy.[1] They appropriately questioned the higher mortality and