



Invited Commentary

Invited commentary on “postoperative outcomes in elderly patients undergoing pancreatic resection for pancreatic adenocarcinoma: A systematic review and meta-analysis”. *Int J Surg.* 2019 Sep 30. pii: S1743-9191(19)30262-6. doi: 10.1016/j.ijisu.2019.09.030. [Epub ahead of print]



ARTICLE INFO

Keywords:

Pancreatic adenocarcinoma
Pancreaticoduodenectomy
Long-term outcomes

The Whipple's Procedure (Pancreaticoduodenectomy, PD) is a complex operation which is often performed to treat suspected, as well as confirmed, malignancies in the head of pancreas. Up to the 1970s, the perioperative mortality and morbidity rates were > 20% and > 50%, respectively [1,2].

Performing meta-analysis on outcomes of surgery for pancreatic adenocarcinoma is useful as current knowledge on this issue is limited. The current study [2] meticulously analyzed the updated data on this issue. Nonetheless, the paper is still weak in describing the two main causes of postoperative mortality: respiratory and cardiac events. For the former it is relatively well described, but for the latter it is extremely inadequate. Two other studies have nicely described these issues [3,4].

With incremental advances made over time, although morbidity remains high, mortality in most centers has dropped considerably and is consistently below 4%. Standardized reporting of complications, using American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) has shown the morbidity remains high and the death rate has remained relatively stable at 2–3% [1]. The current meta-analysis contains two extremely sensitive points: first, the authors concluded that age alone should not be the only determinant for selection of patients for surgical treatment of pancreatic adenocarcinoma. However, in (ACS NSQIP) age has a very pivotal role to play; second, an even more serious point is that the authors stated PD could be performed safely in septuagenarians. Caution on this point should be given to surgeons who are new in the field. The role of minimal invasive surgery is not detailed in this meta-analysis, although a large volume of papers have currently been published, with relatively good results compared to open surgery [5].

Overall, the current meta-analysis is unique in analyzing data only on pancreatic adenocarcinoma specific to surgical outcomes in elderly

patients.

Provenance and peer review

Invited commentary, internally reviewed.

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DOI of original article: <https://doi.org/10.1016/j.ijisu.2019.09.030>

<https://doi.org/10.1016/j.ijisu.2019.10.034>

Received 18 October 2019; Accepted 22 October 2019

Available online 04 November 2019

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