

LYMPH NODE METASTATIC PATTERNS AND APPROPRIATE EXTENT OF DISSECTION IN LEFT-SIDED PANCREATIC CANCER

Inhyuck LEE¹, Younsoo SEO¹, Go-Won CHOI¹, Yoon Soo CHAE¹, Won-Gun YUN¹, Youngmin HAN¹, Hye-Sol JUNG¹, Young Jae CHO¹, Joon Seong PARK¹, Jin-Young JANG¹, Wooil KWON¹

¹ Surgery, Seoul National University Hospital, Republic of Korea

Background : Pancreatic cancer is one of the deadliest malignancies, with a 5-year survival rate of only 15%. Lymph node (LN) metastasis is a critical prognostic factor, observed in over 60% of patients undergoing curative surgery. Although standardized lymph node dissection (LND) is recommended, the role of extrapancreatic lymph node dissection (ELND) remains unclear, especially in left-sided pancreatic cancer.

Methods : This single-center retrospective study analyzed 528 patients who underwent distal pancreatectomy for non-metastatic pancreatic ductal adenocarcinoma. ELND, defined as dissection of at least one extrapancreatic LN station (#7, #8, #9, or #14), was performed in 55% of cases. Propensity score matching (PSM) balanced key variables, enabling comparison of ELND outcomes in pancreatic body and tail cancers.

Results : After PSM, ELND provided no significant survival benefit in pancreatic tail cancer, with 5-year OS rates of 43.5% (ELND) vs. 45.0% (non-ELND, $p = 0.947$). In contrast, pancreatic body cancer demonstrated improved OS with ELND (5-year OS: 57.0% vs. 38.5%, $p = 0.003$), although recurrence-free survival (RFS) differences were not significant.

Conclusions : The efficacy of ELND in left-sided pancreatic cancer is location-dependent. ELND improves OS in pancreatic body cancer but offers no survival advantage in pancreatic tail cancer. Tailored surgical strategies are essential, with a conservative approach warranted for pancreatic tail cancer to minimize morbidity, while more extensive dissection may benefit body cancer patients. Prospective studies are needed to confirm these findings.

Corresponding Author : Wooil KWON (willdoc78@gmail.com)