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DOES THE EXTENT OF LYMPH NODE DISSECTION AFFECT ONCOLOGIC OUTCOMES IN PANCREATIC HEAD CANCER AFTER NEOADJUVANT CHEMOTHERAPY?

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Background : The optimal extent of lymph node dissection (LND) in pancreatic cancer following neoadjuvant chemotherapy remains controversial. This study aims to evaluate the impact of lymph node dissection extent on oncologic outcomes in pancreatic head cancer after neoadjuvant chemotherapy.

Methods : Patients with pancreatic head cancer who underwent pancreaticoduodenectomy following neoadjuvant chemotherapy from 2013 to 2023 at Seoul National University Hospital were reviewed retrospectively. The extended lymph node dissection (ELND) group was defined as those who underwent dissection of any station among lymph nodes 7, 9, 12, 14, and 16, while the rest were defined as the non-extended lymph node dissection (NELND) group.

Results : A total of 259 patients were included in this study, with 208 patients in the ELND group (80.3%), and 51 patients in the NELND group (19.7%). There were no significant difference in the number of positive lymph node (p=0.773) or lymph node ratio (p=0.155). The median DFS (19 vs. 18 months, p=0.988), and median OS (25 vs. 51 months, p=0.127) was comparable between the two groups. There were also no differences in the tumor recurrence rate (51.0% vs. 54.8%, p=0.738), and recurrence pattern (p=0.156).

Conclusions : Extended LN dissection did not show any survival benefit in terms of OS or DFS, nor did it affect recurrence rates or lymph node ratios, compared to non-extended LN dissection. Aggressive lymph node dissection was not associated with improved outcomes in pancreatic head cancer after neoadjuvant chemotherapy.

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