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A Successful case of borderline resectable pancreatic cancer undergoing curative subtotal pancreatectomy with en bloc celiac axis resection and splenectomy after chemoimmunotherapy (GV1001)

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Purpose:

Pancreatic cancer patients have a poor prognosis because of a low rate of resection that results from distant metastases or local advancement. We report a successful case of borderline resectable pancreatic cancer in a patient who was curatively resected after combination gemcitabine and capecitabine with tertomotide (RIAVAX®).

Methods:

A 58-year-old woman was referred for treatment of a 20-mm pancreatic proximal body tumor involving the celiac axis, superior mesenteric artery and retropancreatic soft tissue infiltration as on imaging. Therefore, the combined chemoimmunotherapy regimen was initiated to allow for possible resection later. After six cycles of chemoimmunotherapy, a CT scan revealed that the soft-density mass around the celiac axis had dramatically disappeared, and the tumor was then determined to be a resectable lesion.

Results:

Subtotal pancreatectomy with en bloc celiac axis resection and splenectomy was performed and curability was achieved. The resected pancreas has revealed pathological no remnant tumor (complete response).

Conclusion:

There has been no tumor recurrence or distant metastasis at more than 5 months after surgery, and the patient remains alive at 10 months after initial chemoimmunotherapy.