

Surgery for Pancreatic Cancer Liver Metastases. Navigating Uncharted Territory

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Context Studies on kinetics of metastases revealed that pancreatic cancer should be considered a systemic disease at the time of diagnosis, regardless of tumor stage at imaging. Surgery is generally not indicated for metastatic pancreatic cancer because it is supposed not to improve survival. **Objective** Is metastasis from periaampullary cancer an absolute contraindication to surgery? Could someone benefit from liver resection? Who? **Methods** Our prospectively collected database (2003-2012) lists 20 patients who underwent liver resection for metastases from periaampullary, non-endocrine cancer. Generally, resection was offered in young patient, fit for surgery, with few metastases. Fourteen patients were affected by synchronous metastases and they underwent simultaneous pancreatectomy and liver resection, 6 patients experienced metachronous metastases. **Results** Median age was 60 years (IQR: 52-65 years). Pancreatic ductal carcinoma was the primary tumor in 15 patients, the

remaining patients were affected by ampullary carcinoma or distal bile duct carcinoma. One right hepatectomy, 2 bisegmentectomies and 17 atypical resections were performed. Simultaneous liver and pancreatic resections did not improve postoperative morbidity and mortality if compared to standard pancreatic resections. Median follow-up was 47 months. Median overall survival (OS) was 15 months (95%CI: 8-22 months). Median OS in patients with synchronous metastases was 12 months (95%CI: 7-17 months). Median OS in patients with metachronous metastases was 28 months (95%CI: 2-55 months) from liver resection, 38 months from pancreatectomy. **Conclusion** Surgery for liver metastases from periaampullary tumors is a minefield. It is a wrong step for most patients and death may occur even earlier if compared to palliative cure. However, a small group of patients could benefit from surgery and find a path to long-term survival.