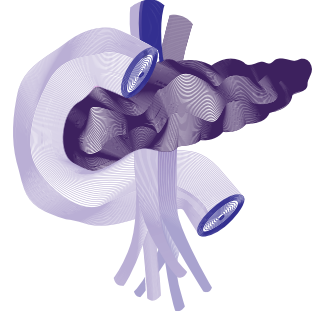


Bölüm 38

Metastatik Pankreas Kansерlerinde Cerrahinin Yeri



Salim İlksen BAŞÇEKEN¹

Giriş

Pankreas adenokarsinomu dünyada kansere bağlı ölümlerinin % 4.7 ile yedinci önde gelen nedenidir. Globocan verilerine göre 2020 yılında dünya geneli 466.003 hastanın pankreas kanseri nedeniyle kaybedildiği raporlanmıştır (1). Sıklıkla asemptomatik olduğundan hastalar genellikle ileri evre ve metastatik hastalıkla karşımıza çıkarlar. En çok karşılaşılan semptomlar kilo kaybı, halsizlik, karın ağrısı ve sarılıktır (2).

Pankreastaki kitlenin cerrahi rezeksiyonu tek potansiyel tedavi şansı olmasına rağmen hastaların sadece %15 – 20 ‘si bu aşamada başvurmaktadır. Rezekte edilebilir pankreas kanserli hastalarda beş yıllık sağkalım uzmanlaşmış merkezlerde yayınlanan serilerde oranlar %25’e yaklaşmaktadır. Ancak, küratif rezeksiyonun etkili bir şekilde uygulanabileceği aşamada hastalığı olan az sayıda hasta vardır. Lokal ileri ve metastatik pankreas adenokarsinomu olan hastalarda cerrahi seçenekler sınırlıdır. Pankreas kanserinde palyatif rezeksiyonun için net bir sağkalım yararı olmadığını gösteren birçok çalışma mevcuttur (2-5).

Buna rağmen evre 4 hastalıkta da cerrahi gerektiren durumlar gelişmektedir. Bu durumlar seçilmiş hasta gruplarına yapılan metastazektomiler şeklinde sağkalımı arttırıcı girişimler olabilmekle beraber çoğunlukla hastaların daha konforlu bir dönem geçirmelerini sağlayan palyatif girişimlerdir. Bu girişimler

¹ Uzm. Dr. SBÜ Diyarbakır Gazi Yaşargil Eğitim ve Araştırma Hastanesi, Cerrahi Onkoloji
salimilksen@gmail.com

KAYNAKLAR

1. International Agency for Research on Cancer, World Health Organization (2020). Global Cancer Observatory 2020. (15/11/2021 tarihinde <https://gco.iarc.fr/today> adresinden ulařılmıştır).
2. McGuigan A, Kelly P, Turkington RC et. al. Pancreatic cancer: A review of clinical diagnosis, epidemiology, treatment and outcomes. *World J Gastroenterol.* 2018;24(43):4846-4861. doi:10.3748/wjg.v24.i43.4846
3. Poruk KE, Wolfgang CL. Palliative Management of Unresectable Pancreas Cancer. *Surg Oncol Clin N Am.* 2016 Apr;25(2):327-37. doi: 10.1016/j.soc.2015.11.005
4. Wagner M, Redaelli C, Lietz M, et al. Curative resection is the single most important factor determining outcome in patients with pancreatic adenocarcinoma. *Br J Surg* 2004;91(5):586–94.
5. Winter JM, Cameron JL, Campbell KA, et al. 1423 pancreaticoduodenectomies for pancreatic cancer: a single-institution experience. *J Gastrointest Surg* 2006; 10(9):1199–210 [discussion: 1210–1].
6. Akgül Ö, Çetinkaya E, Ersöz Ş, Tez M. Role of surgery in colorectal cancer liver metastases. *World J Gastroenterol.* 2014 May 28;20(20):6113-22. doi: 10.3748/wjg.v20.i20.6113
7. Zhou W, Wang D, Lou W. Current Role of Surgery in Pancreatic Cancer With Synchronous Liver Metastasis. *Cancer Control.* 2020 Jan-Dec;27(1):1073274820976593. doi: 10.1177/1073274820976593.
8. Arnaoutakis GJ, Rangachari D, Laheru DA, et. al. Pulmonary resection for isolated pancreatic adenocarcinoma metastasis: an analysis of outcomes and survival. *J Gastrointest Surg.* 2011 Sep;15(9):1611-7. doi: 10.1007/s11605-011-1605-8.
9. House MG, Choti MA. Palliative therapy for pancreatic/biliary cancer. *Surg Clin North Am.* 2005 Apr;85(2):359-71. doi: 10.1016/j.suc.2005.01.022.
10. Soderlund C, Linder S. Covered metal versus plastic stents for malignant common bile duct stenosis: a prospective, randomized, controlled trial. *Gastrointest Endosc.* 2006 Jun;63(7):986-95. doi: 10.1016/j.gie.2005.11.052.
11. Sohn TA, Lillemoe KD, Cameron JL, et al. Surgical palliation of unresectable periampullary adenocarcinoma in the 1990s. *J Am Coll Surg* 1999;188(6):658–66 [discussion: 666–9].
12. Moss AC, Morris E, Mac Mathuna P. Palliative biliary stents for obstructing pancreatic carcinoma. *Cochrane Database Syst Rev.* 2006 Apr 19;2006(2):CD004200. doi: 10.1002/14651858.CD004200.pub4.
13. Kitano M, Yamashita Y, Tanaka K, et. al. Covered self-expandable metal stents with an anti-migration system improve patency duration without increased complications compared with uncovered stents for distal biliary obstruction caused by pancreatic carcinoma: a randomized multicenter trial. *Am J Gastroenterol.* 2013 Nov;108(11):1713-22. doi: 10.1038/ajg.2013.305.
14. Thor PJ, Popiela T, Sobocki J, et al. Pancreatic carcinoma-induced changes in gastric myoelectric activity and emptying. *Hepatogastroenterology* 2002;49(43):268–70.
15. Maire F, Hammel P, Ponsot P et. al. Long-term outcome of biliary and duodenal stents in palliative treatment of patients with unresectable adenocarcinoma of the head of pancreas. *Am J Gastroenterol.* 2006 Apr;101(4):735-42. doi: 10.1111/j.1572-0241.2006.00559.x.

16. Scott EN, Garcea G, Doucas H, et al. Surgical bypass vs. endoscopic stenting for pancreatic ductal adenocarcinoma. *HPB (Oxford)* 2009;11(2):118–24.
17. Lillemoe KD, Cameron JL, Hardacre JM et. al. Is prophylactic gastrojejunostomy indicated for unresectable periampullary cancer? A prospective randomized trial. *Ann Surg.* 1999 Sep;230(3):322-8; discussion 328-30. doi: 10.1097/00000658-199909000-00005.
18. Van Heek NT, De Castro SM, van Eijck CH et. al. The need for a prophylactic gastrojejunostomy for unresectable periampullary cancer: a prospective randomized multicenter trial with special focus on assessment of quality of life. *Ann Surg.* 2003 Dec;238(6):894-902; discussion 902-5. doi: 10.1097/01.sla.0000098617.21801.95.
19. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin.* 2019;69(1):7–34.
20. van der Geest LGM, Lemmens V, de Hingh I, et al. Nationwide outcomes in patients undergoing surgical exploration without resection for pancreatic cancer. *Br J Surg.* 2017;104(11):1568–1577.
21. Zhou W, Wang D, Lou W. Current Role of Surgery in Pancreatic Cancer With Synchronous Liver Metastasis. *Cancer Control.* 2020 Jan-Dec;27(1):1073274820976593. doi: 10.1177/1073274820976593.
22. Hackert T, Niesen W, Hinz U, et al. Radical surgery of oligometastatic pancreatic cancer. *Eur J Surg Oncol.* 2017;43(2):358–363.
23. Andreou A, Knitter S, Klein F, et al. The role of hepatectomy for synchronous liver metastases from pancreatic adenocarcinoma. *Surg Oncol.* 2018;27(4):688–694
24. Tachezy M, Gebauer F, Janot M, et al. Synchronous resections of hepatic oligometastatic pancreatic cancer: disputing a principle in a time of safe pancreatic operations in a retrospective multicenter analysis. *Surgery.* 2016;160(1):136–144.
25. Yang J, Zhang J, Lui W, et al. Patients with hepatic oligometastatic pancreatic body/tail ductal adenocarcinoma may benefit from synchronous resection. *HPB (Oxford).* 2020;22(1):91–101.
26. Bahra M, Pratschke J, Klein F, et al. Cytoreductive surgery for pancreatic cancer improves overall outcome of gemcitabine-based chemotherapy. *Pancreas.* 2015;44(6):930–936.
27. Shi HJ, Jin C, Fu DL. Preoperative evaluation of pancreatic ductal adenocarcinoma with synchronous liver metastasis: diagnosis and assessment of unresectability. *World J Gastroenterol.* 2016;22(45):10024–10037.
28. Shrikhande SV, Kleeff J, Reiser C, et al. Pancreatic resection for M1 pancreatic ductal adenocarcinoma. *Ann Surg Oncol.* 2007;14(1):118–127.
29. Wright GP, Poruk KE, Zenati MS, et al. Primary tumor resection following favorable response to systemic chemotherapy in stage IV pancreatic adenocarcinoma with synchronous metastases: a bi-institutional analysis. *J Gastrointest Surg.* 2016;20(11):1830–1835.
30. Gleisner AL, Assumpcao L, Cameron JL, et al. Is resection of periampullary or pancreatic adenocarcinoma with synchronous hepatic metastasis justified? *Cancer.* 2007;110(11):2484–2492.
31. Klein F, Puhl G, Guckelberger O, et al. The impact of simultaneous liver resection for occult liver metastases of pancreatic adenocarcinoma. *Gastroenterol Res Pract.* 2012;2012:939350.

32. de Jong MC, Tsai S, Cameron JL, et al. Safety and efficacy of curative intent surgery for peri-ampullary liver metastasis. *J Surg Oncol.* 2010;102(3):256–263.
33. Zanini N, Lombardi R, Masetti M, et al. Surgery for isolated liver metastases from pancreatic cancer. *Updates Surg.* 2015;67(1):19–25.
34. Crippa S, Bittoni A, Sebastiani E, et al. Is there a role for surgical resection in patients with pancreatic cancer with liver metastases responding to chemotherapy? *Eur J Surg Oncol.* 2016;42(10):1533–1539
35. Takada T, Yasuda H, Amano H, et al. Simultaneous hepatic resection with pancreatoduodenectomy for metastatic pancreatic head carcinoma: does it improve survival? *Hepatogastroenterology.* 1997;44(14):567–573.
36. Yamada H, Hirano S, Tanaka E et al. Surgical treatment of liver metastases from pancreatic cancer. *HPB (Oxford).* 2006;8(2):85–88.
37. Katz MH, Wang H, Fleming JB, et al. Long-term survival after multidisciplinary management of resected pancreatic adenocarcinoma. *Ann Surg Oncol.* 2009 Apr;16(4):836-47. doi: 10.1245/s10434-008-0295-2.
38. Liu, Q., Zhang, R., Michalski, C.W. et al. Surgery for synchronous and metachronous single-organ metastasis of pancreatic cancer: a SEER database analysis and systematic literature review. *Sci Rep* 10, 4444 (2020). <https://doi.org/10.1038/s41598-020-61487-0>