

## Presentation at 112<sup>th</sup> Japan Surgical Society Annual Congress (2012/4/12)

Venue: Makuhari Messe (Chiba)  
<http://www.congre.co.jp/jsschiba2012/>

Prof. Shinichi Egawa made a lecture in Panel Discussion of Japan Surgical Society about the surgical indication of advanced pancreaticobiliary cancer in the era of chemotherapeutical progression on Apr. 12, 2012.

Surgery plays the key role in the treatment of pancreatic cancer, one of the most dreadful cancers. Recently, the superiority of postoperative adjuvant therapy and some reports on preoperative neo-adjuvant therapy indicates the combination of surgery and chemotherapy strengthen the therapeutic effect. Prof. Egawa presented the outcome of the patients with pancreatic cancer who underwent surgery after preoperative gemcitabine and S-1 treatment. Prof. Egawa showed the trend of the pancreatic cancer registry conducted by Japan Pancreas Society, that the survival rate of the patients with invasive cancer is improved during the last 30 years. The reasons are the early detection and treatment, treatment in high volume centers and the combination of chemotherapy and surgery. Especially, neoadjuvant chemotherapy has merits as below:

1. High tolerance at the preferable preoperative condition.
2. Less microresidual cancer cells
3. Less unpredictable metastases at the time of laparotomy leading to higher resectability
4. Higher rate of resectability and negative margins
5. Preoperative estimation of chemosensitivity of cancer and adverse effects
6. Nutritional improvement during preoperative period
7. Avoiding unnecessary operations if progressive disease

Division of Hepato-Biliary-Pancreatic Surgery (Prof. Michiaki Unno) is now conducting multicenter prospective trials on neoadjuvant therapy for pancreatic cancer to make significant evidences for the treatment of pancreatic cancer.

Shinichi Egawa (Disaster Medical Science)