



Universiteit
Leiden
The Netherlands

ASO Visual Abstract: Nationwide impact of centralization, neoadjuvant therapy, minimally invasive surgery, and standardized pathology reporting on R0 resection and overall survival in panreatoduodenectomy for pancreatic cancer

Augustinus, S.; Schafrat, P.J.M.; Janssen, B.V.; Bonsing, B.A.; Brosens, L.A.A.; Busch, O.R.; ... ; Sarasqueta, A.F.

Citation

Augustinus, S., Schafrat, P. J. M., Janssen, B. V., Bonsing, B. A., Brosens, L. A. A., Busch, O. R., ... Sarasqueta, A. F. (2023). ASO Visual Abstract: Nationwide impact of centralization, neoadjuvant therapy, minimally invasive surgery, and standardized pathology reporting on R0 resection and overall survival in panreatoduodenectomy for pancreatic cancer. *Annals Of Surgical Oncology*, 30, 5061-5062. doi:10.1245/s10434-023-13555-8

Version: Publisher's Version

License: [Creative Commons CC BY 4.0 license](#)

Downloaded from: <https://hdl.handle.net/1887/3762325>

Note: To cite this publication please use the final published version (if applicable).



ASO VISUAL ABSTRACT

ASO Visual Abstract: Nationwide Impact of Centralization, Neoadjuvant Therapy, Minimally Invasive Surgery, and Standardized Pathology Reporting on R0 Resection and Overall Survival in Pancreatoduodenectomy for Pancreatic Cancer

Simone Augustinus, MD^{1,2}, Pascale J. M. Schafrat, MD^{1,2}, Boris V. Janssen, BSc^{1,2,3},
Bert A. Bonsing, MD, PhD⁴, Lodewijk A. A. Brosens, MD, PhD⁵, Olivier R. Busch, MD, PhD^{1,2},
Stijn Crobach, MD, PhD⁶, Michail Doukas, MD, PhD⁷, Casper H. van Eijck, MD, PhD⁸,
Lydia G. M. van der Geest, PhD, MSc⁹, Bas Groot Koerkamp, MD, PhD⁸,
Ignace H. J. T. de Hingh, MD, PhD¹⁰, G. Mihaela Raicu, MD, PhD¹¹,
Hjalmar C. van Santvoort, MD, PhD¹², Marie-Louise van Velthuysen, MD, PhD⁷,
Joanne Verheij, MD, PhD^{2,3}, Marc G. Besselink, MD, PhD, MSc^{1,2},
Arantza Farina Sarasqueta, MD, PhD^{2,3}, for the Dutch Pancreatic Cancer Group

¹Department of Surgery, Amsterdam UMC, University of Amsterdam, Amsterdam, The Netherlands; ²Cancer Center Amsterdam, Amsterdam, The Netherlands; ³Department of Pathology, Amsterdam UMC, University of Amsterdam, Amsterdam, The Netherlands; ⁴Department of Surgery, Leiden University Medical Center, Leiden, The Netherlands; ⁵Department of Pathology, University Medical Center Utrecht, Utrecht, The Netherlands; ⁶Department of Pathology, Leiden University Medical Center, Leiden, The Netherlands; ⁷Department of Pathology, Erasmus Medical Center, Erasmus University Rotterdam, Rotterdam, The Netherlands; ⁸Department of Surgery, Erasmus MC Cancer Institute, Erasmus University Rotterdam, Rotterdam, The Netherlands; ⁹Department of Research, Netherlands Comprehensive Cancer Organization (IKNL), Utrecht, The Netherlands; ¹⁰Department of Surgery, Catharina Hospital, Eindhoven, The Netherlands; ¹¹Department of Pathology, St. Antonius Hospital and Pathology DNA, Nieuwegein, The Netherlands; ¹²Department of Surgery, Regional Academic Cancer Center Utrecht, St. Antonius Hospital, Nieuwegein, University Medical Center Utrecht, Utrecht, The Netherlands

In this nationwide cohort study (<https://doi.org/10.1245/s10434-023-13465-9>) of 2955 patients after pancreatoduodenectomy (PD) for pancreatic cancer, the R0 resection rate

decreased over time (2009–2019), primarily due to more complete pathology reporting, but remained associated with improved overall survival.

Simone Augustinus, Pascale J. M. Schafrat shared first authorship.

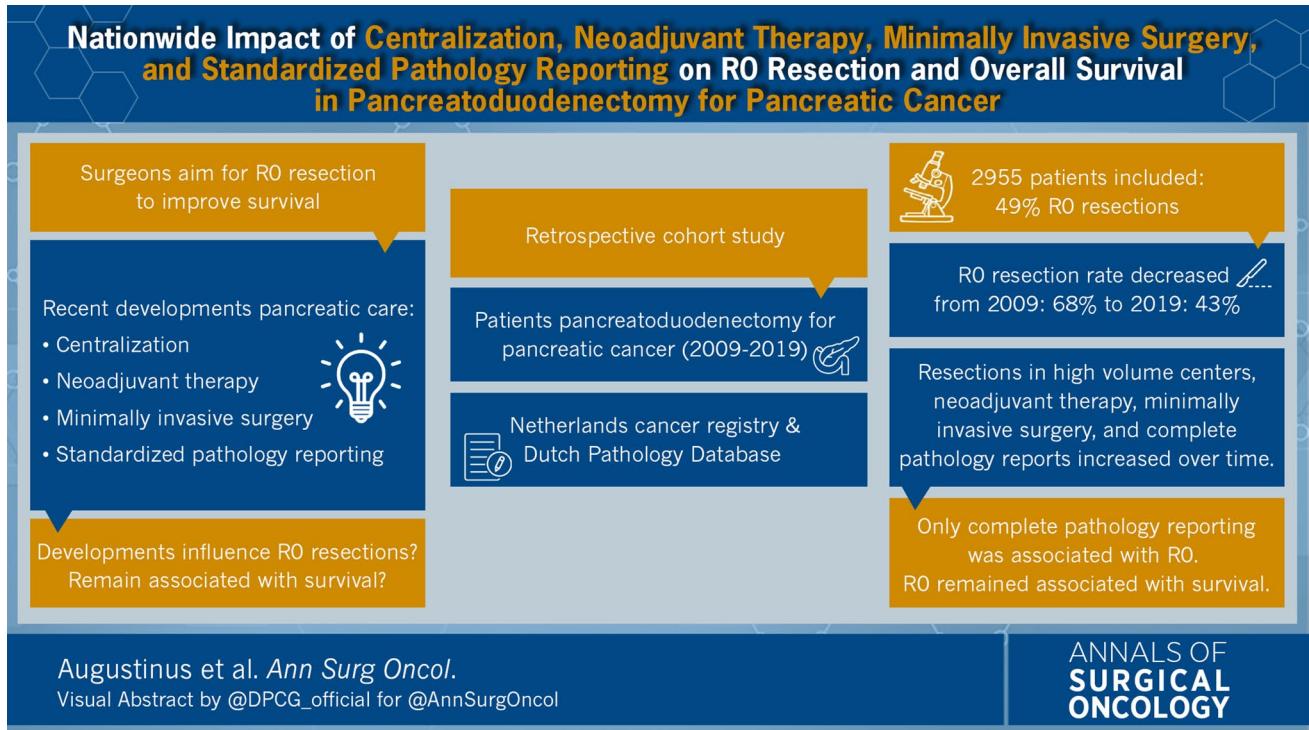
Marc G. Besselink and Arantza Farina Sarasqueta shared senior authorship.

© Society of Surgical Oncology 2023

Published online: 19 May 2023

M. G. Besselink, MD, PhD, MSc
e-mail: m.g.besselink@amsterdamUMC.nl

A. Farina Sarasqueta, MD, PhD
e-mail: a.farina@amsterdamUMC.nl



ACKNOWLEDGMENT This project was supported by Deltaplan Alvleesklierkanker (Grant no. 201-078 WOO 21-01).

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

DISCLOSURE There are no conflicts of interest.