

resection procedures. The majority of postoperative complications after pancreatoduodenectomy (PD) arise from pancreatic leakage by the pancreatic stump. The optimal management of the pancreatic remnant after PD remains a challenge. An interesting alternative option is the pancreatic stump occlusion technique with various methods. Our institution's eight-year experience using this approach in a selected group of patients is presented herein.

Materials and Methods: A retrospective study was performed in a nonselected series of 93 patients treated between 2002–09 with suspected pancreatic and periampullary cancer or chronic pancreatitis and were managed with Whipple's procedure. In 37 patients the pancreatic duct was occluded without anastomosis of the pancreatic remnant by stenting and a running 3–0 polypropylene suture, and in 56 patients a pancreaticojejunostomy was performed after PD. All patients were operated by the same surgical team.

Results: From the 37 patients two were treated for chronic pancreatitis whereas the rest of them for periampullary malignancies (including cancer of the pancreatic head). On the other group, from the 56 patients 9 were treated for chronic pancreatitis and the others for malignancies as well. The mean operative time for the occlusion group was 180 minutes versus 210 minutes in the anastomosis group. Mean hospitalization time was 6 days (4–11 days) for both groups. The mortality rate was 0% for the first group, and 3% (1 patient died of myocardial infarction and one of postoperative hemorrhage) for the anastomotic one. The morbidity rate was 24% in the occlusion group versus 32% in the latter one. From the postoperative complications a slightly higher incidence of pancreatic fistulas was observed at the anastomosis group of patients. Finally, there was no difference in one year survival rate among both populations. According to the literature the function of the islets of Langerhans is not affected by pancreatic duct occlusion. In our series there was no difference between the two groups neither to the patient needs of pancreatic enzymes replacement nor the diabetes incidence postoperatively. The decision for occlusion of the pancreatic remnant is directed by the pancreatic duct preoperative imaging (either ERCP or MRCP featuring an already occluded duct) or the intraoperative appearance of the duct.

Conclusions: Pancreatic remnant occlusion is a safe, time consuming and less complicated alternative management of the pancreatic stump during Whipple's procedure. Additionally, it does not affect the oncologic principles and long term survival of patients treated for cancer of the head of the pancreas.

2515

POSTER

Clinical Prediction of Survival by Surgeons for Patients With Incurable Malignant Disease

T. Høimebakk¹, A. Solbakken¹, T. Mala¹, A. Nesbakken². ¹Oslo University Hospital, Department of Surgical Gastroenterology, Oslo, Norway;

²University of Oslo, Faculty of Medicine, Oslo, Norway

Background: Accurate prognosis facilitates decision-making and counselling in incurable cancer. However, predictions of survival are frequently inaccurate and survival is consistently overestimated. The prognostic skills of surgeons are sparsely documented, and the present study was undertaken to assess their prognostic accuracy for patients with advanced abdominal malignancy.

Patients and Methods: Clinical predictions of survival were made by three consultant surgeons independently in consecutive patients with incurable abdominal cancer. Survival was predicted in intervals ranging from <1 week to 18–24 months. Prognoses were considered accurate when actual survival fell within the expected range. Performance status was classified according to the Eastern Cooperative Oncology Group (ECOG).

Results: 243 assessments were made in 178 patients. Prognoses were accurate in 27%, over-optimistic in 42% and over-pessimistic in 31%. Accuracy was inversely related to length of survival and did not differ between surgeons ($P = 0.466$). The proportion of over-optimistic prognoses differed significantly between surgeons ($P < 0.001$). Prognostic accuracy was 44% in gastric cancer patients, 29% in pancreatic cancer patients and 22% in colorectal cancer patients ($P = 0.052$). ECOG performance status correlated well with survival.

Conclusions: Surgeons' accuracy in determining prognosis is poor. There are considerable individual differences between surgeons, and accuracy is reduced in cases with prolonged life expectancy.

Accepted for publication (in press) in the *European Journal of Surgical Oncology*, Eur J Surg Oncol (2011), doi:10.1016/j.ejso.2011.02.009.

2516

POSTER

Results of Surgical Reinterventions Following Colorectal Cancer Surgery: Open Versus Laparoscopic Reinterventions

D. Lips¹, R. Abegg¹, W. Brokelman¹, M. Ernst¹, K. Bosscha¹, H. Prins¹.

¹Jeroen Bosch Ziekenhuis, General Surgery and Surgical Oncology, Den Bosch, The Netherlands

Background: Colorectal cancer surgery is performed frequently through both open and laparoscopic procedures. In as much as 15% cases a surgical reintervention is necessary. Although increasing data arises about primary laparoscopic colorectal surgery, less is known about the results of open and/or laparoscopic surgical reinterventions in case of complications. This study aims to investigate the morbidity and mortality derived from open and/or laparoscopic surgical reinterventions.

Materials and Methods: Retrospectively 87 consecutive patients operated upon between January 2008 and December 2010 were enrolled in the study. All patients underwent complicated colorectal cancer surgery, of which 58 patients were initially operated open followed by an open reintervention (open-open), 21 patients initially laparoscopic followed by an open reintervention (lap-open) and 8 patients with both laparoscopic procedures (lap-lap).

Primary endpoint was mortality. Secondary endpoints were complications classified according to the modified Clavien-Dindo scale, amount of reinterventions, total hospital stay, intensive care admissions and extent of stay, division rate and amount of radiological examinations.

Results: The three patient groups were comparable according to age, ASA-classification and comorbidity. Significant more Dukes D stage carcinomas and more acute initial presentations were observed in the open-open group.

A significant decrease in in-hospital mortality was seen in the total laparoscopic group (lap-open and lap-lap), independent of reintervention method (open-open 22.4%, lap-open 4.8% and lap-lap 0%). No significant differences were found in the secondary endpoints (total hospital stay, intensive care stay, amount of reinterventions, division rate and radiological examinations), although there was a trend towards decreased intensive care admissions and stay, total hospital stay and radiological examinations in the laparoscopic reintervention group.

Conclusion: Initial laparoscopic colorectal cancer surgery is related to less mortality and morbidity when complications arise, irrespective of the reintervention method. Best results seem to be reached when both primary and reintervention surgery is laparoscopic (lap-lap), although the presented study is biased by selection-bias and its retrospective character. However, these results should initiate prospective studies focussed on the precise role of laparoscopic surgery following colorectal cancer surgical complications.

Poster Discussion Presentations (Mon, 26 Sep, 13:15–14:15)

Symptom Science

3000

POSTER DISCUSSION

Effectiveness and Tolerability of Ferric Carboxymaltose in the Correction of Cancer – and Chemotherapy-associated Anaemia – a Multicenter Observational Study

H. Steinmetz¹, B. Tschene², G. Virgin³, B. Klement⁴, B. Rzychon⁵, M. Franzem⁶, J. Wamhoff⁷, H. Tesch⁸, R. Rohrberg⁹, N. Marschner¹⁰.

¹Gemeinschaftspraxis für Onkologie und Hämatologie, Cologne, Germany;

²Onkologische Gemeinschaftspraxis, Lehrte, Germany; ³Vifor Pharma

Deutschland GmbH, Munich, Germany; ⁴Vifor Pharma Ltd, Glattbrugg,

Switzerland; ⁵Vifor Pharma Ltd, Freiburg, Germany; ⁶OMEDICO

AG, Freiburg, Germany; ⁷Onkologische Schwerpunktpraxis, Osnabrück,

Germany; ⁸Fachpraxis für Onkologie Hämatologie und Immunologie,

Frankfurt, Germany; ⁹Gemeinschaftspraxis und Tagesklinik für

Hämatologie Onkologie und Gastroenterologie, Halle, Germany; ¹⁰Praxis

für Interdisziplinäre Onkologie und Hämatologie, Freiburg, Germany

Background: Functional iron deficiency (FID; transferrin saturation [TSAT] <20% and ferritin >100 ng/mL) can cause low response to erythropoiesis-stimulating agents (ESAs). In different disease areas including oncology, intravenous (I.V.) but not oral iron enhances erythropoiesis in ESA-treated anaemic patients. This 12-week observational study evaluated the effectiveness and tolerability of ferric carboxymaltose (FCM) in routine treatment of unselected anaemic cancer patients.

Materials and Methods: 639 patients were enrolled and treated without restrictions at 68 haematology/oncology practices in Germany. 619