CORRESPONDENCE

The Indications for Laparoscopic Pancreatectomy

Results on 550 Patients in the German Laparoscopic Pancreas Registry in Comparison to Other Registries

by Prof. Dr. med. Marco Siech, Peter Strauß, Dr. med. Stephanie Huschitt, Prof. Dr. med. Detlef K. Bartsch, Prof. Dr. med. Uwe Wittel, and Prof. Dr. med. Tobias Keck in issue 15/2017

Indications Are Missing

Despite its title, this article does not answer the question of what are the indications for laparoscopic pancreatic surgery (1).

A meaningful statistical evaluation about the indication for laparoscopic (rather than conventional open) pancreatic surgery is neither described in the publication nor can be deduced based on the available data. What then is the purpose of the comparison with other registries?

The “advantages of clinical registry studies” include “heterogeneous patient group” and “heterogeneous conditions and centers.” These factors exclude obtaining comparable results a priori.

Table 5 lists only two multicenter studies but six unicenter studies for comparable publications, yet the latter cannot be regarded as registries. Thus, neither of the above-mentioned criteria—heterogeneous conditions and centers, and the comparability with multicenter studies—is present.

In the discussion, the authors state: “clinical registry studies... [are] better at reflecting the overall current care situation in the geographical region of interest.” What is the question being addressed here? Is it whether there are indications for laparoscopic pancreatic surgery? Or is it the care situation in the geographical regions of interest?

In any case, registry studies are highly unlikely to replace prospective randomized controlled studies as the gold standard in the foreseeable future.

Ultimately, the data only support the statement that laparoscopic pancreatic surgery is performed with certain results in certain (highly selected) patients in Germany; however, the given data do not address the question of whether the method is indeed justified. The explanatory value of the data is low in any case due to patient selection by the participating centers.

DOI: 10.3238/arztebl.2017.0615a

REFERENCES

1. Siech M, Strauß P, Huschitt S, et al.: The indications for laparoscopic pancreatectomy—results on 550 patients in the German Laparoscopic Pancreas Registry in comparison to other registries. *Dtsch Arztebl Int* 2017; 114: 263–8.

Dr. med. Benedikt Lampl
Regensburg, Germany
benedikt.lampl@web.de

In Reply:

Our contribution shows that the most difficult procedure of visceral surgery—pancreatic resection—has now arrived to the age of laparoscopy (1). In this registry, the indication for pancreatic left resection was made in 56% of all cases (that is, 359 times), followed by the indication for laparoscopic pancreatic head resection in 23%, and for laparoscopic enucleation in 9%, of the cases. The diagnosis-based indication for the laparoscopic procedure shifted from initially only benign neoplasia to currently very frequently malignant ones. In 2012, we published the indications for the extent of resection as well as for the laparoscopic procedure (2).

We fully agree with Dr. Lampl, that prospective randomized studies as the gold standard will not be replaced in the foreseeable future. As a rule, a new procedure is established after the following four phases have been completed:

1. Case descriptions;
2. Small-scale, followed by larger-scale, monocenter case series;
3. Multicenter registry;
4. Multicenter prospective randomized controlled trial.

With the currently largest data available in the literature, comprising 550 patients from 34 centers, we have now reached phase 3 of the procedure establishment and would like to fully support an upcoming multicenter randomized study.

The time needed for this will most likely be considerable, as it requires homogeneous groups of patients with tumors of the same type and approximately the same size, and who are in similar condition, if possible. Additionally, left-sided pancreatic tumors occur significantly less frequently than right-sided pancreatic tumors, are usually discovered later, and often cannot be resected unless using vascular resection. Recruitment is also hindered by the fact that patients who visit a specialized center for laparoscopy and pancreas diseases are reluctant to be randomly assigned to the open surgical procedure. Thus, we can expect that results will not be available for a few years.

DOI: 10.3238/arztebl.2017.0615b

REFERENCES

1. Siech M, Strauß P, Huschitt S, et al.: The indications for laparoscopic pancreatectomy—results on 550 patients in the German Laparoscopic Pancreas Registry in comparison to other registries. *Dtsch Arztebl Int* 2017; 114: 263–8.
2. Siech M, Bartsch D, Beger HG, et al.: Indications für laparoskopische pancreas operations: results of a consensus conference and the previous laparoscopic pancreas register. *Chirurg* 2012; 83: 247–53.

On behalf of the authors
Prof. Dr. med. Marco Siech
Chirurgie I, Ostalb-Klinikum Aalen, Germany
marco.siech@ostalb-klinikum.de

Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.