REPLY

Reply to 'Is Liver Resection in Metastases of Exocrine Pancreatic Carcinoma Justified?'

Amanjeet Singh, Tanveer Singh, Adarsh Chaudhary

Department of Surgical Gastroenterology, Sir Ganga Ram Hospital, Rajinder Nagar. New Delhi, India

Dear Sir,

We thank Dr. Saif for showing interest in our article [1]. Our aim was only to present our limited experience with synchronous resections in a selected group of patients. We agree with Dr. Saif that this should be performed in a high volume center and only a small number of patients are candidates for these procedures. We used gemcitabine-based adjuvant therapy in patients who received this procedure: all the patients in the synchronous selected group and 134 (60.1%) of the other 223 patients.

In this study, three patients with pancreatic head cancer underwent synchronous resection of a liver metastasis

Received November 27th, 2010 **Keywords** Chemotherapy, Adjuvant; Neoplasm Metastasis; Pancreatic Neoplasms **Correspondence** Adarsh Chaudhary Department of Surgical Gastroenterology; Sir Ganga Ram Hospital; Room No 2208A; Rajinder Nagar; New Delhi; India 110060 Phone: +91-11.225.2226, +91-981.030.1847; Fax: +91-11.4225.2224 E-mail: adarsh_chaudhary@yahoo.com **Document URL** http://www.joplink.net/prev/201101/11.html along with the primary tumors. On follow-up, two developed local recurrences and only one had systemic disease in the form of liver metastases. This indicates the probable locally aggressive nature of the disease rather than a distant metastasis.

There is some evidence available for the use of neoadjuvant treatment for locally unresectable tumors detected on preoperative imaging [2], but its role in resectable pancreatic cancers [3] and in patients with metastatic disease in an otherwise resectable cancer needs to be investigated in future studies.

Conflict of interest The authors have no potential conflict of interest

References

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