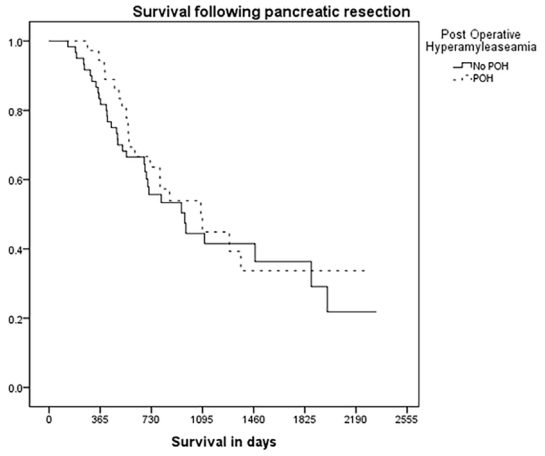
years and M: F ratio was 83: 82. 72 patients developed POH (44%). POH was associated with more extended hospital stay (22±19 Vs 18±16 days, p 0.05). There was no significant difference in POPF rate (34 Vs 33, p 0.56) although, the POH group has higher drain amylase readings (4204±11838 Vs 972±2843, p 0.00). 85 patients received adjuvant chemotherapy (52%). Fewer patients from the POH group received adjuvant chemotherapy although there was no difference in survival or the starting time of chemotherapy.

Conclusion: Post-operative hyperamylasaemia was associated with a lower incidence of starting chemotherapy although it has not altered survival.

Tumour and chemotherapy variables	No POH (93)	POH (72)	P value
Lesion size (mm)	***3.2±1.3***	***2.7±1.3***	***0.00***
T staging (T1,2 : T3,4)	40:50	32:37	0.80
R0:R1 (31 missing)	***25:52***	***32:25***	***0.00***
Tumour pathology (panc. Adenocarcinoma Vs others)	***74 (80%)***	***43 (60%)***	***0.00***
Recurrence	33	22	0.50
Chemotherapy	***54***	***31***	***0.05***
Among patients who received chemo (85)			
Completing at least 6 cycles	42	28	0.23
Chemotherapy delayed >12 weeks	26	15	1.00



EP02D-084
SURGICAL TREATMENT OF PATIENTS WITH BORDERLINE RESECTABLE AND LOCALLY ADVANCED PANCREATIC CANCER

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Introduction: The purpose of this study was to evaluate the outcome of extended pancreatectomy (EP) in treatment of patients with borderline resectable and locally advanced pancreatic cancer and improve outcomes of EP.

Methods: The results of treatment of 645 patients with PC during 2009-2019 were analyzed. All patients underwent radical surgery: 149 extended pancreatic resections (EPR) and 496 standard resections (SR). We studied the possibilities of performing EPRs. We identified sarcopenia and main risk factors for postoperative pancreatic fistula (POPF) occurrence and other postoperative complications and developed preventive measures. We used our modification of POPF risk score and worked out the surgical tactics to prevent POPF. We compared the results of treatment after EPRs for the period 2015-2019, when our tactics was implemented; patients treated during 2009-2014 formed a comparison group and evaluated the survival of patients after EP.

Results: EPR are comparable in their results with standard ones. According to our data, sarcopenia ($\chi 2$ = 12.1, p = 0.0005) increased the number of postoperative complications by 28.4% and POPF occurrence ($\chi 2$= 9.9, p = 0.0017). Proposed diagnostic and treatment tactics significantly reduced the level of postoperative complications after EPRs from 47.9 to 31.6% ($\chi 2$ = 4.1; p = 0.04, p <0.05), mortality from 5.5 to 1.3% ($\chi 2$ = 1.99; p = 0.15, p> 0.05).

Conclusion: Improving treatment tactics allowed us to increase the median survival of patients with pancreatic head cancer after EP from 15 to 22 months ($\chi 2$ = 2.5, p = 0.1) and five-year survival from 20.0 to 25.5%.

EP02D-085
EFFECT OF SARCOPENIA ON SURGICAL OUTCOMES IN PATIENTS UNDERGOING PANCREATICODUODENECTOMY (PD): A TERITIARY CARE CENTER EXPERIENCE IN EASTERN INDIA

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Introduction: Pancreaticoduodenectomy is a surgical procedure with high morbidity and mortality. Sarcopenia has been proposed as a factor contributing to perioperative complications, mortality, worse survival.

Aim: To study prevalence of of preoperative Sarcopenia and its association with immediate & delayed postoperative complications in patients undergoing Pancreaticoduodenectomy(PD).

Material & methods: A single center, Prospective Study from Jan 2022 to July 2023. All patients requiring pancreaticoduodenectomy were included and investigations done to establish diagnosis, operability. Pts assessed for BMI , MAC , Hand grip test and CT analysis — skeletal muscle area(SMA) at L3 vertebrae & L3 SMI (skeletal muscle index). Cut off for sarcopenia: <36.5 cm2/m2(males) and <30.2 cm2/m2(Females) taken. Postoperative complications and overall survival were assessed.

Results: Out of 57 patients undergoing PD, 40.3% are females, and 59.6% males. 45.6% (n=26) had sarcopenia [12(46.1%) female, 14 (53.8%) male]. The mean age was 58.59. The mean SMI Index in sarcopenia group (30.86±3.39)(P value <0.001), SMI values were