Response to: Pancreatoduodenectomy: still an open race for a gold standard?

Firstly, we would like to thank the comments of O’Connor and his interest in our study. In the conclusions we stated that this is the first RCT study where “laparoscopic pancreatoduodenectomy (LPD) is gaining acceptance for becoming the gold standard for surgical candidates”, which does not exactly mean the “accepted gold standard”. It is clearly mentioned that all LPD procedures were performed by a single surgeon, the one who had overpassed the learning curve for advanced laparoscopic skills and was able to start this study in 2013. This is the main weakness of our study, but the only way to do it. Other results are now arriving, like the LEOPARD 2, a multicenter RCT that had to be finished prematurely for poor results in the LPD group with a 10% mortality rate (1). Similarly as open procedures, results are probably highly dependent on the surgeon’s laparoscopic skills. I agree with O’Connor that many other questions such as the possible influence of the laparoscopic approach in extended survival are still in the air. When we started the RCT, data of open pancreatoduodenectomy vs. LPD were only collected from retrospective studies. Palanivelu et al. (2) published the first RCT of LPD but only periampullary tumors were included. Our idea was to include the common patients we operate in the real world, each time more complex, but not focused only in pancreatic cancer (59% of all cases). The information provided by future studies will define the role of LPD in pancreatic cancer patients and contribute to clarify many questions that are currently unanswered.
