

The first edition of *Progress in Pancreatic Surgery* is a themed collection of related articles from journals of AME (<http://amegroups.com/>), which aims to deliver the updated progress and technique of pancreatic surgery in the academic arena. Dr. Jihui Hao, deputy president from Tianjin Cancer Hospital and Prof. Jin He from Johns Hopkins Hospital, are the editors of the book. They have assembled an outstanding group of several international contributors, with major experience and professionalism in the field of pancreatic neoplasms. In particular, special attention is given to new surgical techniques in pancreatic surgery, such as laparoscopic and robotic techniques, which have gained an increasing use in this field, and are nowadays routinely performed for different pancreatic conditions in many high-volume centers.

The first part of the book focuses on endoscopic ultrasound (EUS) and imaging studies for pancreatic adenocarcinoma. The role of EUS in pancreatic cancer is extensively reviewed, both in its more traditional use and in its innovative applications, which are rapidly expanding with new diagnostic and therapeutic modalities. The role of different imaging techniques is also analysed, with a detailed section on the accurate assessment of the primary tumor and its relationship to/involvement of neighboring structures (particularly vascular structures), which is fundamental for accurate characterization of disease as resectable, borderline resectable and unresectable, and therefore for the correct management of the patient. The central and main part of the book analyses the different surgical approaches to pancreatic pathologies, focusing on minimally invasive techniques (both laparoscopic and robotic). Finally, there is a section regarding the frequency and management of postoperative complications and the role of adjuvant and neoadjuvant therapy, with reviews of randomized controlled Trials, and recent studies dealing with these topics.

The book presents a wide revision of the major minimally invasive approaches, with attention to both indications and surgical techniques, as well as to postoperative complications and management. Throughout the book, articles are enriched with many links to videos available online, photos and figures, showing the different surgical interventions in detail. In this way, the book appears to be a useful tool of consultation not only for surgeons specialized in this field, but also for general surgery residents who are approaching pancreatic surgery for the first time.

Despite the initially high mortality and morbidity following pancreatic resections, in more recent years the rate of both postoperative complications and mortality has dropped to acceptable levels, thanks to the development of surgical technique and concentration of patients in high-volume centers, as well as to the improvement in perioperative care. In the same way, laparoscopic pancreatic surgery has lagged behind for many years because of its intrinsic difficulties, such as major vascular proximity and retroperitoneal location. However, with improvements in laparoscopic skills and surgical technology, laparoscopic pancreatic resections have been proven to be safe and may provide better outcomes compared to open surgery, with an increasing number of procedures performed in experienced centers. As for laparoscopic approach, also robotic surgery has recently gained a more extensive use in pancreatic surgery. Robotic technology adds several advantages to the traditional laparoscopic approach, such as a three-dimensional operative view, reduction of natural tremors, introduction of EndoWrist® technology, and a more comfortable and ergonomic position for the surgeon to operate.

Laparoscopic distal pancreatectomy has become the standard of care for body and tail pancreatic lesions (cystic lesions, neuroendocrine tumors, chronic pancreatitis, intraductal papillary mucinous neoplasms, and pseudocysts), and recent studies have demonstrated its feasibility and oncological adequacy also for pancreatic adenocarcinoma. On the other hand, the role of laparoscopic pancreaticoduodenectomy remains debated. Even if in recent years the number of this surgical approach has increased in experienced centers, the location and intimate relationship of the pancreas to major blood vessels and the reconstruction complexity of a pancreaticoduodenectomy render this procedure demanding. Moreover, several years are necessary to overcome the learning curve and achieve high-quality outcomes. In the same way, the role of robotic surgery needs to be confirmed, mostly for the total cost per operation which is usually higher in the robotic approach.

In conclusion, minimally invasive techniques are gaining an increasingly important role in pancreatic surgery in high volume centers, but future prospective studies and randomized clinical trials will be necessary to better define the cost effectiveness of these approaches.

Cosimo Sperti, MD

Lucia Moletta, MD

Department of Surgery, Oncology and Gastroenterology,

3rd Surgical Clinic, University of Padua,

Via Giustiniani 2, 35128 Padua, Italy

(Email: csperti@libero.it)