

**EP.TH.603****Hypofractionated radiotherapy for resectable pancreatic ductal adenocarcinoma: a world first in response to COVID19**

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**Introduction:** COVID-19 has challenged healthcare systems across the world, restricting resources for major hepato-pancreato-biliary resections. We report the experience of a unique temporising measure to overcome unavailability of upfront surgery, for select patients with resectable pancreatic ductal adenocarcinoma (rPDAC) during the pandemic.

**Methods:** Select patients with rPDAC who were assessed to be unsuitable for, or declined, upfront systemic chemotherapy, were considered for hypofractionated radiotherapy (hypoRT) as bridging therapy to Whipple's pancreaticoduodenectomy.

**Results:** Three patients with EUS-biopsy confirmed rPDAC with no vascular involvement received 5 fractions of hypoRT followed by Whipple's resection. Median patient age was 68 (range 63-77). All patients successfully completed hypoRT, with one case of transient grade 2 anorexia. Median interval from hypoRT to resection was 75 days (range 41-95 days), with median operative time including anaesthesia of 573 minutes (range 496-661 minutes). R0 resection was achieved in two cases, including one requiring portal vein resection. R1 resection was seen in one patient who required superior mesenteric vein resection. One patient experienced complication in the form of delayed gastric emptying. Median length of stay was 11 days (range 11-58 days). No patient experienced post-operative pancreatic fistula, and no patient has evidence of recurrence on 30-day follow up imaging.

**Conclusion:** This report provides initial experience for hypoRT in select patients with rPDAC prior to resection. Further work is required to quantify outcomes and long-term safety profile of this novel approach. The hypoRT programme allowed select patients to obtain treatment whilst awaiting availability of surgical resources.