**Background (①)**
- Radical antegrade modular pancreatosplenectomy (RAMPS) enables surgeons to achieve negative posterior margins more frequently than the traditional left-to-right surgical approach.  
  Strasberg SM et al. Surgery 2003;133:521-527

- Especially in pretreated patients with locally advanced disease, the evaluation of cancer involvement by multidetector row computed tomography (MDCT) or magnetic resonance imaging (MRI) is sometimes difficult.  
  Noro, Shuichi 2014;7:172

- Superior mesenteric artery (SMA) –first approaches for pancreatoduodenectomy have been reported to be operative tactics performed to aid the early determination of whether or not this crucial vessel is involved.  

- We present an introductory procedure useful for estimating resectability and preparing an appropriate modulated dissection plane prior to committing to RAMPS.

**Background (②)**
- Inframesocolic superior mesenteric artery first approach as an introductory procedure of radical antegrade modular pancreatosplenectomy for distal pancreatic cancer

**Discussion (①)**
- Early confirmation of SMA involvement is possible.

**Discussion (②)**
- Early determination of the posterior plane of dissection is possible.

**Surgical Techniques (①)**
- The omentum and transverse colon are superiorly retracted. The small intestine is retracted to the right. The peritoneum is incised at the duodenal recess.  

**Surgical Techniques (②)**
- The ligament of Treitz is opened, divided on the left and anterior side of the mesenteric root, and a vessel loop is passed around the SMA. The dissection proceeds up to the origin of the SMA.

**Surgical Techniques (③)**
- After dissecting the inferior border of the pancreas to the right, the superior mesenteric vein (SMV) is exposed and the mesocolon is opened on the left side of the SMA. The gastroduodenal lymph nodes are dissected, and the common hepatic artery (CHA) and portal vein are exposed above the superior border of the pancreas.

**Surgical Techniques (④)**
- The neck of the pancreas is tunneled. The pancreas is divided with a linear stapler comprising bio-absorbable felt.  
  After these introductory procedures are completed, the RAMPS procedures are performed.

**Discussion (③ Data in our department)**
- <April 2008~August 2016>
  Invasive ductal carcinoma 143 cases
  TP:8 cases
  PD:95 cases (DP:40 cases)
  RAMPS 38 cases (including DP-CAR 9 cases)

- All of 8 patients with the inframesocolic SMA-first approach underwent R0 resection.

**Conclusion**
- SMA-first approach was introduced to achieve DP (including DP-CAR) for the patients with left-sided pancreatic cancer.
- This procedure provides RAMPS with a reliable and safe introduction.

**Disclosure**

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The author have no financial conflicts of interest to disclose concerning the presentation.