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RESECTABLE PANCREATIC CANCER PRO NEOADJUVANT CHEMOTHERAPY

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No Disclosures

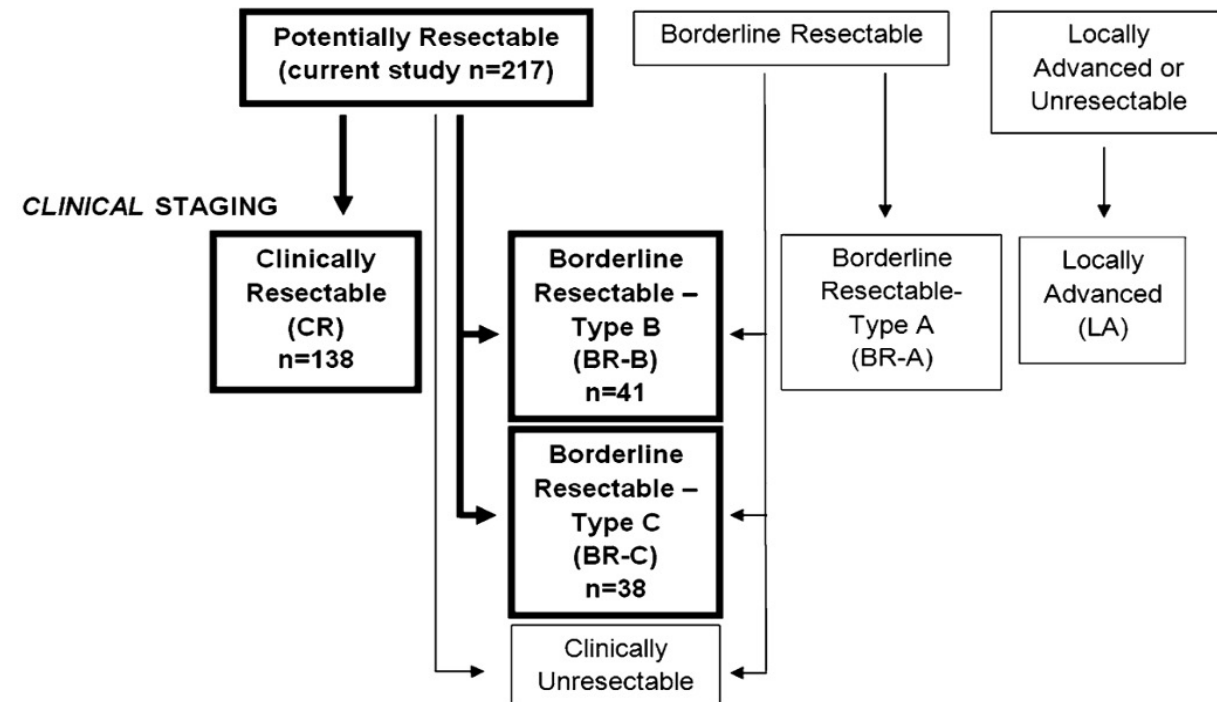


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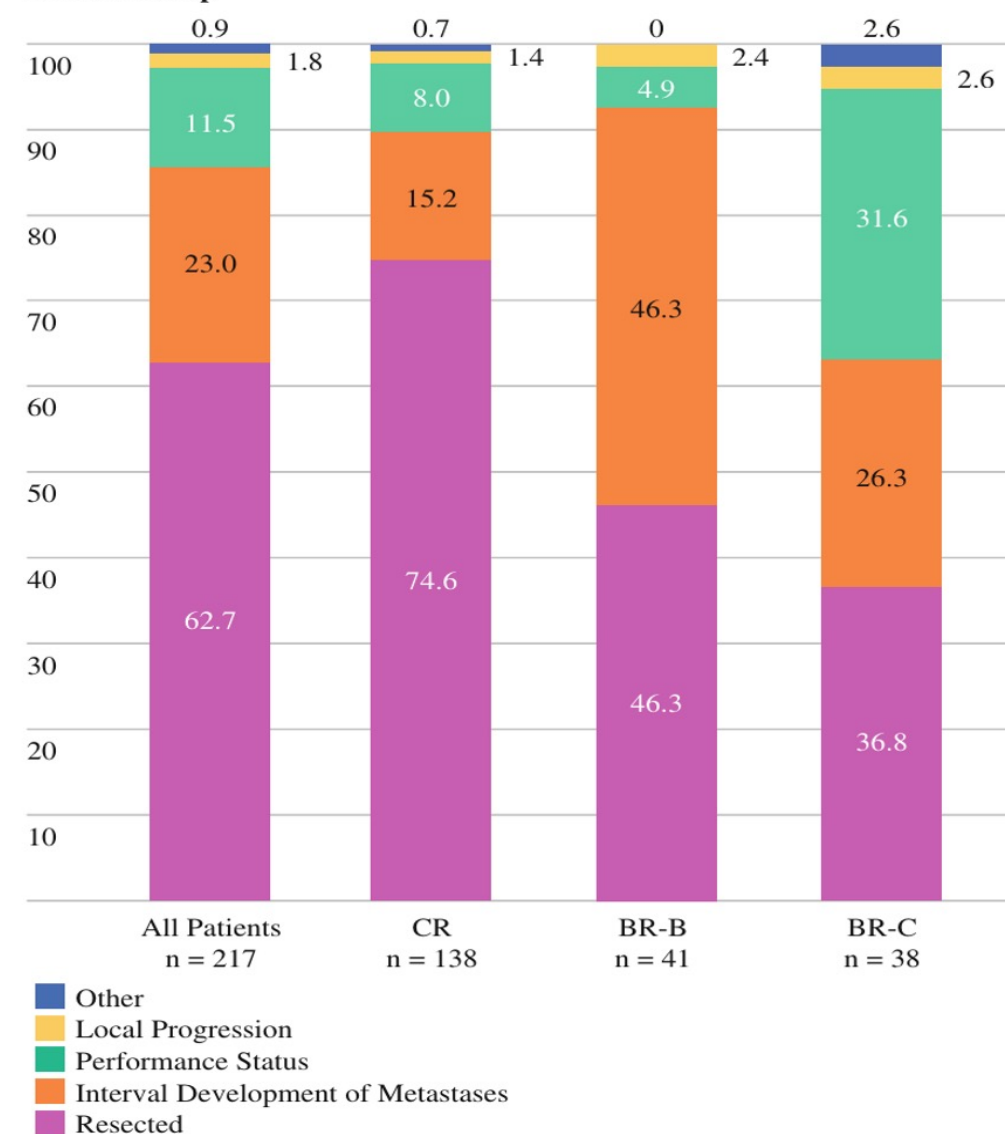


Defined Clinical Classifications Are Associated with Outcome of Patients with Anatomically Resectable Pancreatic Adenocarcinoma Treated with Neoadjuvant Therapy

ANATOMIC STAGING



Percentage of Patients in Each Group



Katz MH et al. JACS (2008) 206 (5): 833-846.

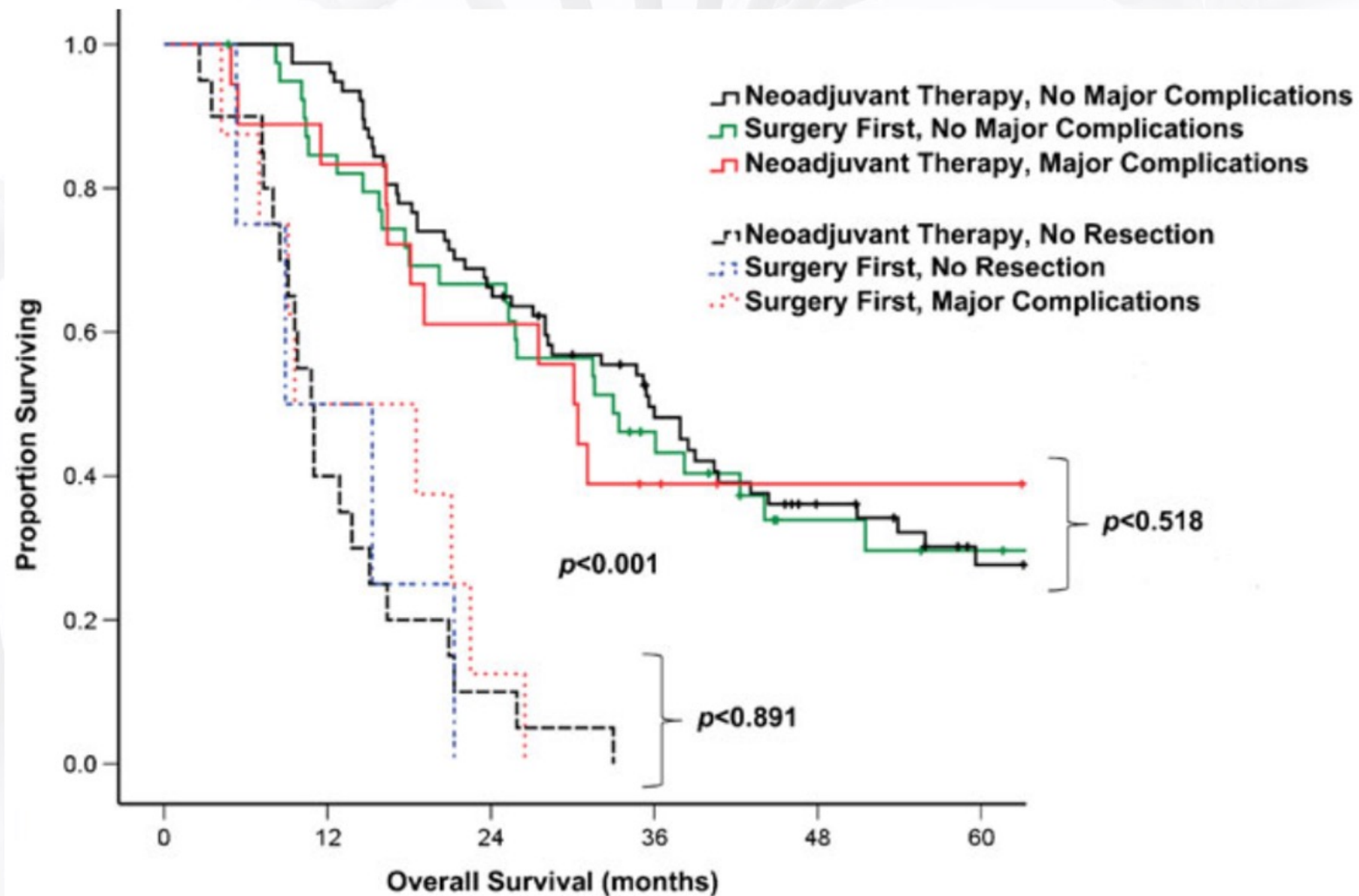
Tzeng CW et al. Ann Surg Oncol (2012) 19:2045-2053.

Treatment Sequencing for Resectable Pancreatic Cancer: Influence of Early Metastases and Surgical Complications on Multimodality Therapy Completion and Survival

Table 3 Postoperative major complications (PMC)

Clinical characteristic	NT (n=115)	Surgery first (n=52)	P value
Total PMC (Clavien grade III–V)	18 (18.9)	8 (16.7)	0.738
Organ space infection/IR	8 (8.4)	3 (6.3)	
GI bleed/ICU/endoscopy/IR	1 (1.1)	3 (6.3)	
Cardiac/neurological event/ICU	5 (5.3)	1 (2.1)	
Death	2 (2.1)	0 (0)	
Other grade III–IV	2 (2.1)	1 (2.1)	

NT neoadjuvant therapy



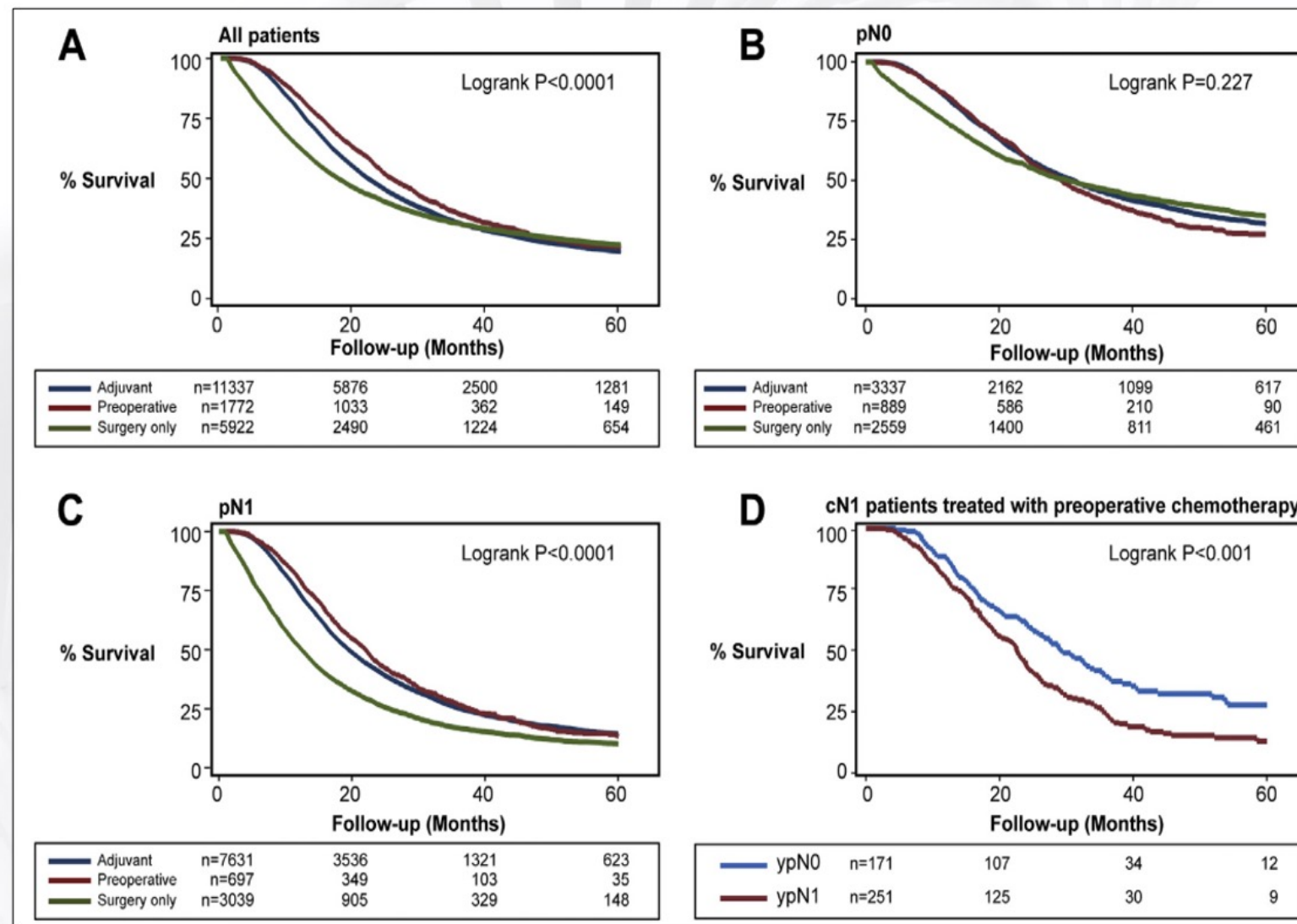
Value of lymph node positivity in treatment planning for early stage pancreatic cancer

Pro-NAC pancreas

Table II. Predictive value of clinical nodal staging

Clinical node status	Upfront surgery*			Preoperative treatment		
	Pathologic node status			Pathologic node status		
	0	1	Total	0	1	Total
0	3,173 (49.8)	3,200 (50.2)	6,373	572 (65.0)	308 (35.0)	880
1	142 (4.9)	2,743 (95.1)	2,885	194 (42.9)	258 (57.1)	452
Total	3,315	5,943	9,258	766	566	1,332
Sensitivity	46.2			45.6		
Specificity	95.7			74.7		
PPV	95.1			57.1		
NPV	49.8			65.0		

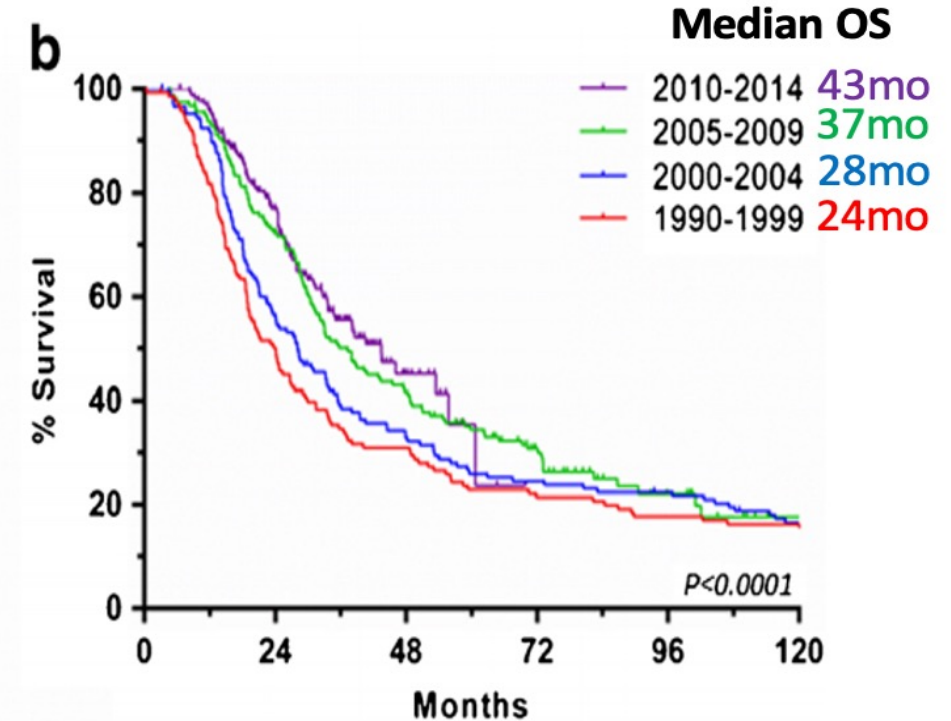
*Upfront surgery represents patients managed either with surgery only or surgery then adjuvant treatment.



Tran Cao et al. Surgery 2017;162:557-67.)

Preoperative Therapy and Pancreatoduodenectomy for Pancreatic Ductal Adenocarcinoma: a 25-Year Single-Institution Experience

- Use of NAT increased over time
- Resections on borderline and locally advanced tumors increased over time
- EBL decreased
- R0 margin rate increased
- More complex operations with vascular resections over time
- OS improved to nearly twice that of many published studies

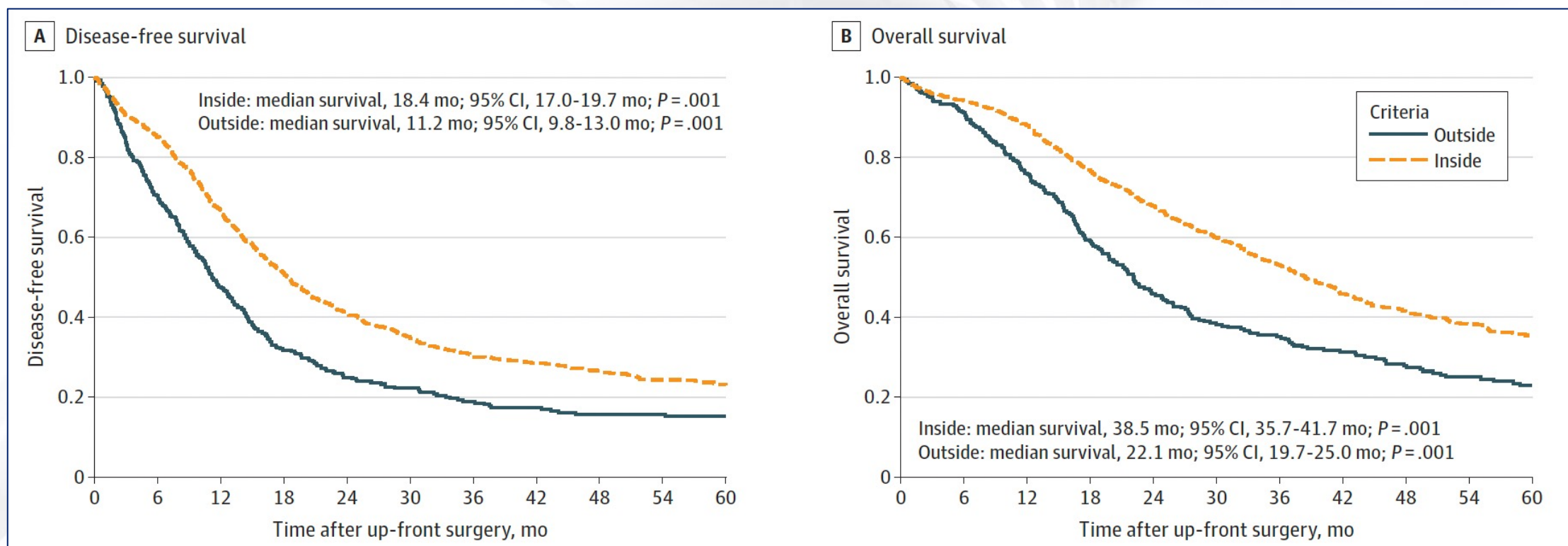


Futility of Up-Front Resection for Anatomically Resectable Pancreatic Cancer

1426 Patients

Rate of adjuvant therapy 73%

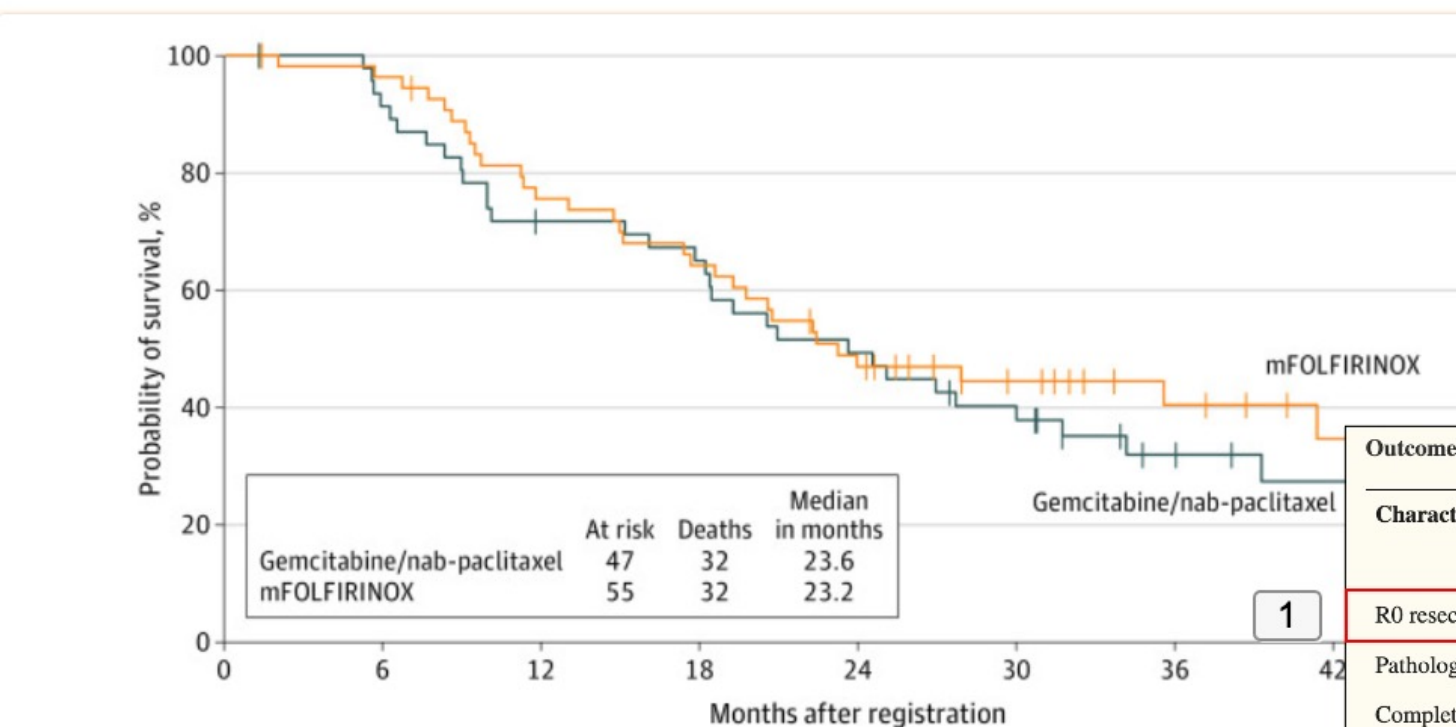
Futility defined as death (8.6%) or disease recurrence (14%) within 6 months of surgery



JAMA Surgery Published online July 24, 2024

Efficacy of Perioperative Chemotherapy for Resectable Pancreatic Adenocarcinoma

SWOG 1505



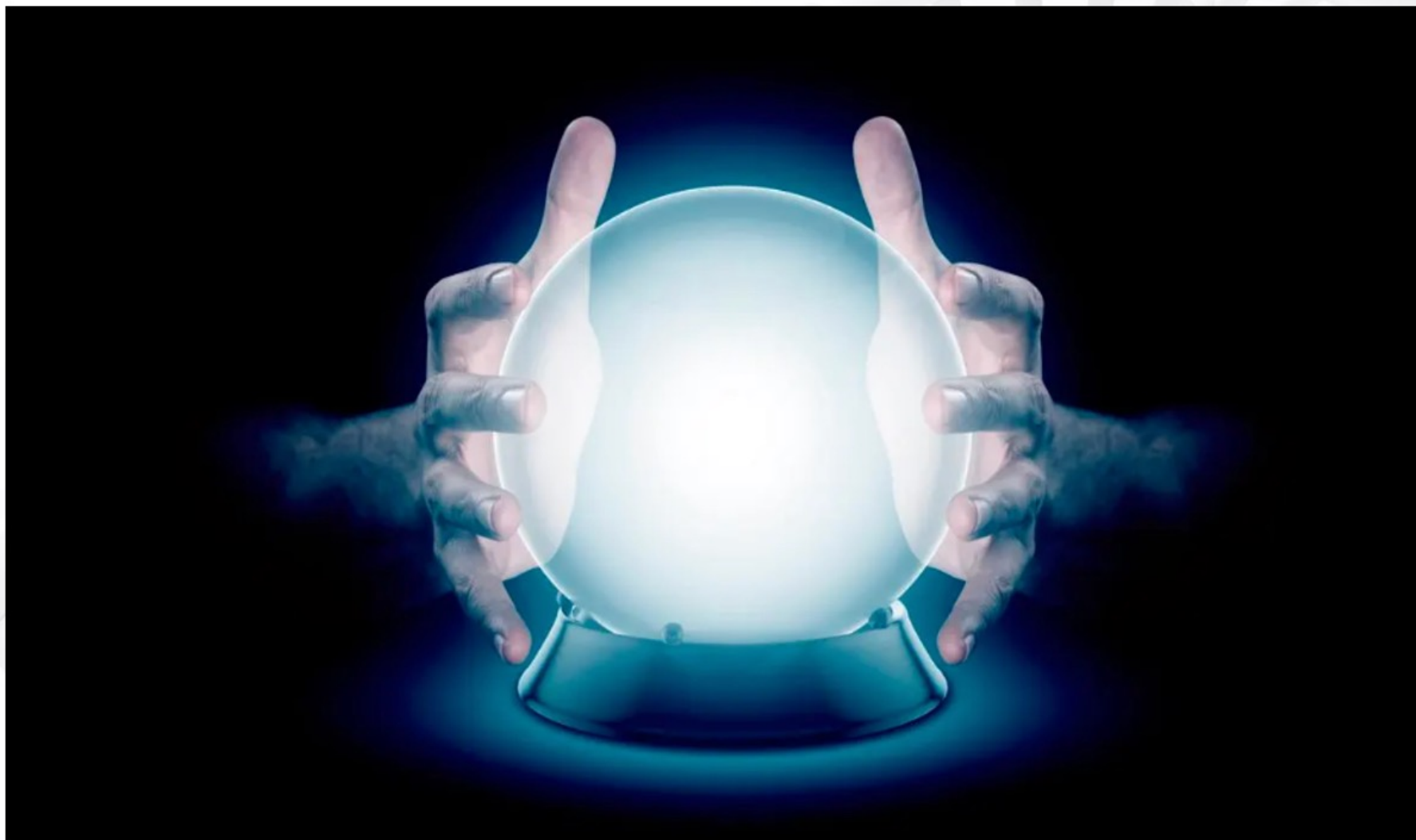
No. at risk								
Gemcitabine/	47	42	32	29	22	16	9	6
nab-paclitaxel								
mFOLFIRINOX	55	52	40	34	24	16	10	6

Outcomes in Patients Undergoing Surgical Resection

Characteristic	No. (%)		P value (2-sided)
	mFOLFIRINOX (n = 40)	Gem/nab-P (n = 33)	
R0 resection	34 (85)	28 (85)	>.99
Pathologic response			
Complete	1 (3)	3 (10)	.32
Moderate	9 (22)	10 (30)	.59
Minimal	12 (30)	10 (30)	>.99
Poor or none	18 (45)	10 (30)	.23
Total nodes resected, median (range)	19 (1-56)	18 (3-45)	.64
Node-negative resection	16 (40)	15 (45)	.81
Median disease-free survival after resection, mo	10.9	14.2	.86

Sohol et al. JAMA Oncol. 2021 Mar; 7(3): 1-8.

SUMMARY – PRO NAC PDAC





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