



Resultater efter downstaging af lokalavanceret pancreascancer i Danmark og perspektivering til internationale resultater



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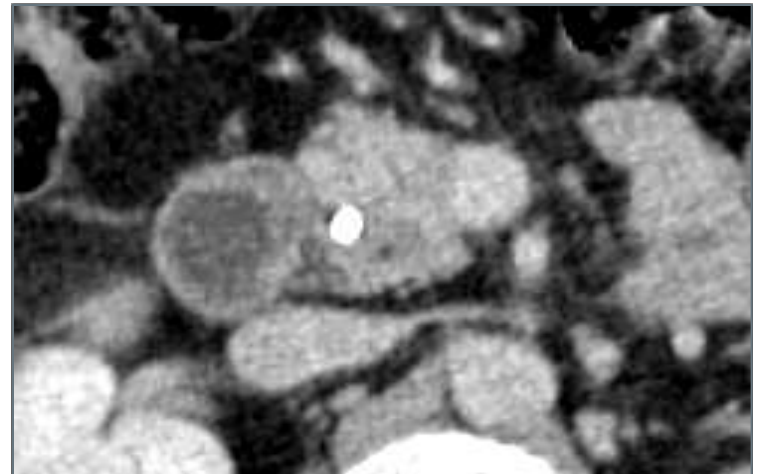


OUH
Odense Universitetshospital
Svendborg Sygehus



Pancreatic cancer

- 2001
- 49 year old woman
- Tumour involve the superior mesc. vein.
 - Patient - Stage IVA*
 - Non-resectable
 - Non-curable



*UICC 5th ed.

Pancreatic cancer

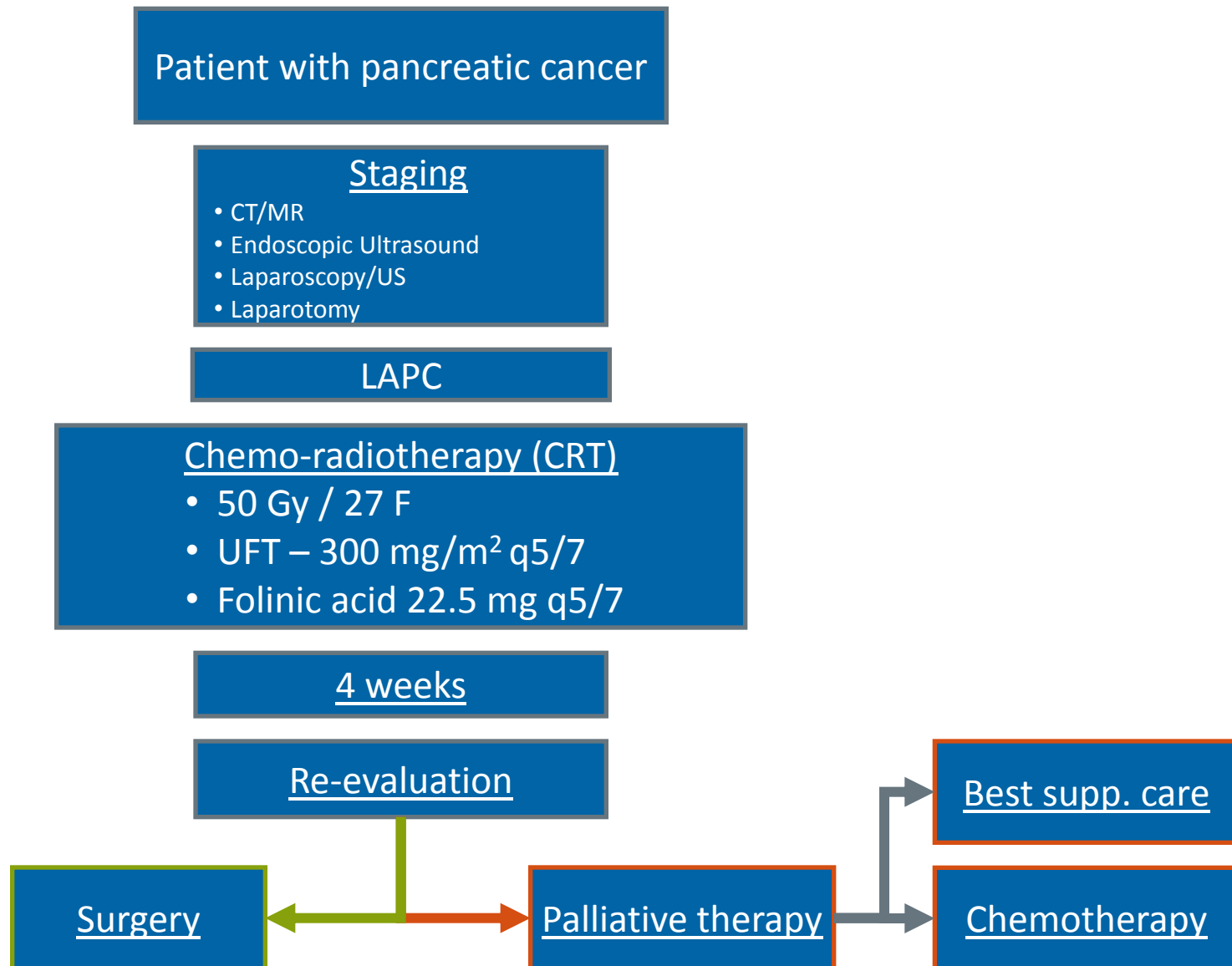
- Optimal treatment for locally advanced pancreatic cancer (LAPC) ?
- 2001
 - Best supportive care (BSC)
 - Gemcitabine*
 - Improvement in quality of life
 - Response rates ~6-10%
 - 3 months gain in median survival compared to BSC
 - Chemo-radio-therapy (CRT)
 - Studies reporting secondary resections after neo-adjuvant CRT*

*Burris et al, JCO 1997

*Bajetta et al, IJROBP 1999

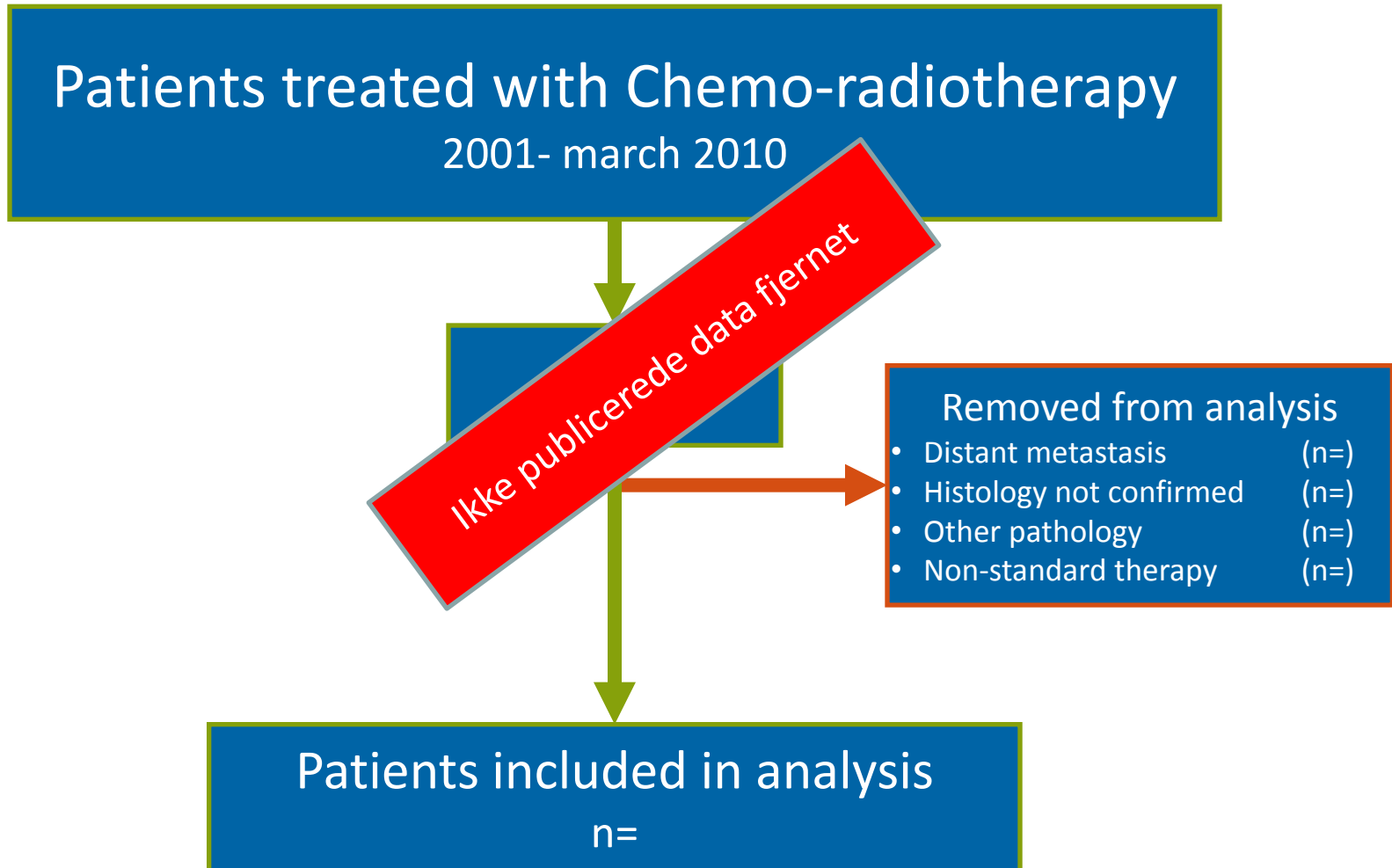
Locally Advanced Pancreatic Cancer

Danish experience - Treatment



Locally Advanced Pancreatic Cancer

Danish experience



Locally Advanced Pancreatic Cancer

Danish Experience

Patient characteristics

Stage UICC 6 th ed.	IIA		
Performance	0-1 2 NE		
Age, median	years		
Gender	male female		
Previous chemotherapy			
Baseline haemoglobin	mmol/L		
Baseline WBC	10 ⁹ /L		
Baseline platelets	10 ⁹ /L		

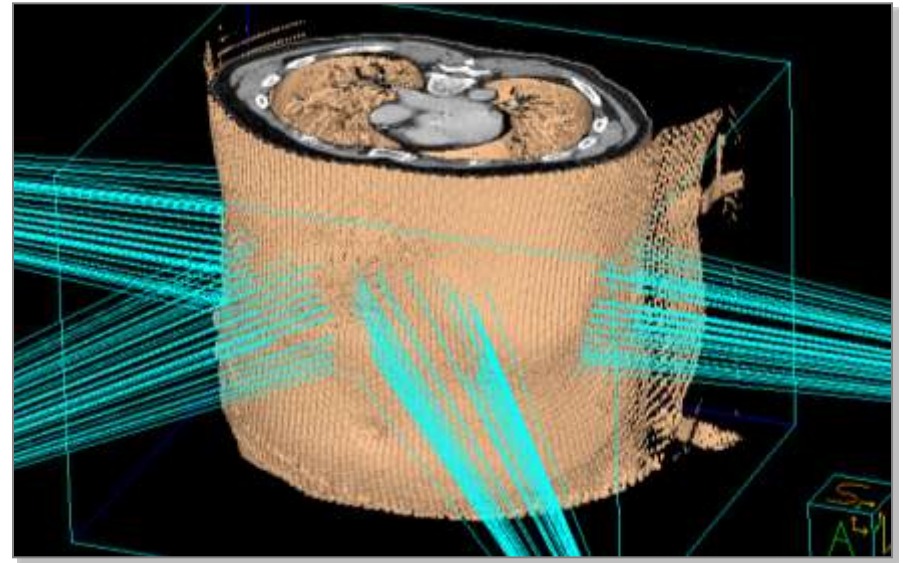
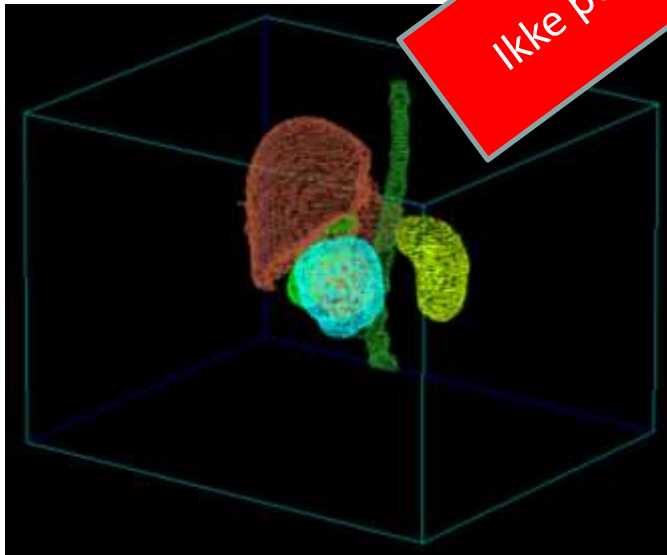
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Locally Advanced Pancreatic Cancer Danish Experience

Treatment

Gross tumour volume		
Clinical target volume		

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~40 cm³

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Patient geographic



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Adverse Events grade 3-5

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Total GI: Constipation, GI bleeding, Nausea, Vomiting, Diarrhea

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Danish Experience

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Median survival	12 months	24 mo.	36 mo.	60 mo.

Locally Advanced Pancreatic Cancer Danish Experience

- Exploratory analysis - Survival

Univariate Cox model		HR	95%CI
Stage	III		
Performance status	0		
	1		
	2		
Age, median	> 64 years		
Previous chemotherapy	yes		
Baseline haemoglobin	<LNL		
Baseline WBC	>UNL		
Baseline platelets	>UNL		
Clinical target volume	cont.		

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Locally Advanced Pancreatic Cancer

Danish Experience

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	Median survival	12 months	24 mo.	36 mo.	60 mo.
Not-resected					
Resected					

Resection rate % (95% CI -)

Locally Advanced Pancreatic Cancer Danish Experience

- Exploratory analysis - Resection

Univariate logistic regression		OR	95%CI
Stage AJCC 6th	IB		
	III		
Performance status	0		
	1		
	2		
Age, median	>64 years		
Previous chemotherapy	yes		
Baseline haemoglobin	<LNL		
Baseline WBC	>UNL		
Baseline platelets	>UNL		
Clinical target volume	cont.		

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all predicted failure perfectly

Locally Advanced Pancreatic Cancer Danish Experience - Conclusions

- In a selected population of patients with Locally Advanced Pancreatic Cancer treatment with CRT led to
 - A median survival of months ()
 - An estimated 1-year survival of % ()
 - A secondary resection rate of % ()

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How does these results compare with
international data?

Optimal treatment for Locally advanced pancreatic cancer

- Treatment endpoint



Resection



Palliation

- What is the optimal therapy in 2010?

Locally Advanced Pancreatic Cancer

Danish Experience

- Palliation
 - Median survival of months

Optimal treatment for Locally advanced pancreatic cancer

• Palliation

FFCD/SFRO 2000-01
Chauffert et al. Ann. Onc. 2008

Randomized

60 Gy/30 F
5FU + CCDP
n=59

Median OS	8.6 months
12 mo Surv	32%
Resection	3%

Gemcitabin
n=60

Median OS	13.0 months
12 mo Surv	53%
Resection	5%
HR 0.69 (0.41-1.14)*	

*univariate

ECOG-4201
Loehrer et al. ASCO 2008

Randomized

50 Gy/28 F
Gemcitabine
n=34

Median OS	11.0 months
12 mo Surv	50%
HR 0.57(0.34-0.96)	

Gemcitabin
n=37

Median OS	9.2 months
12 mo Surv	32%

Locally Advanced Pancreatic Cancer

Danish Experience

- Palliation
 - Median survival of months

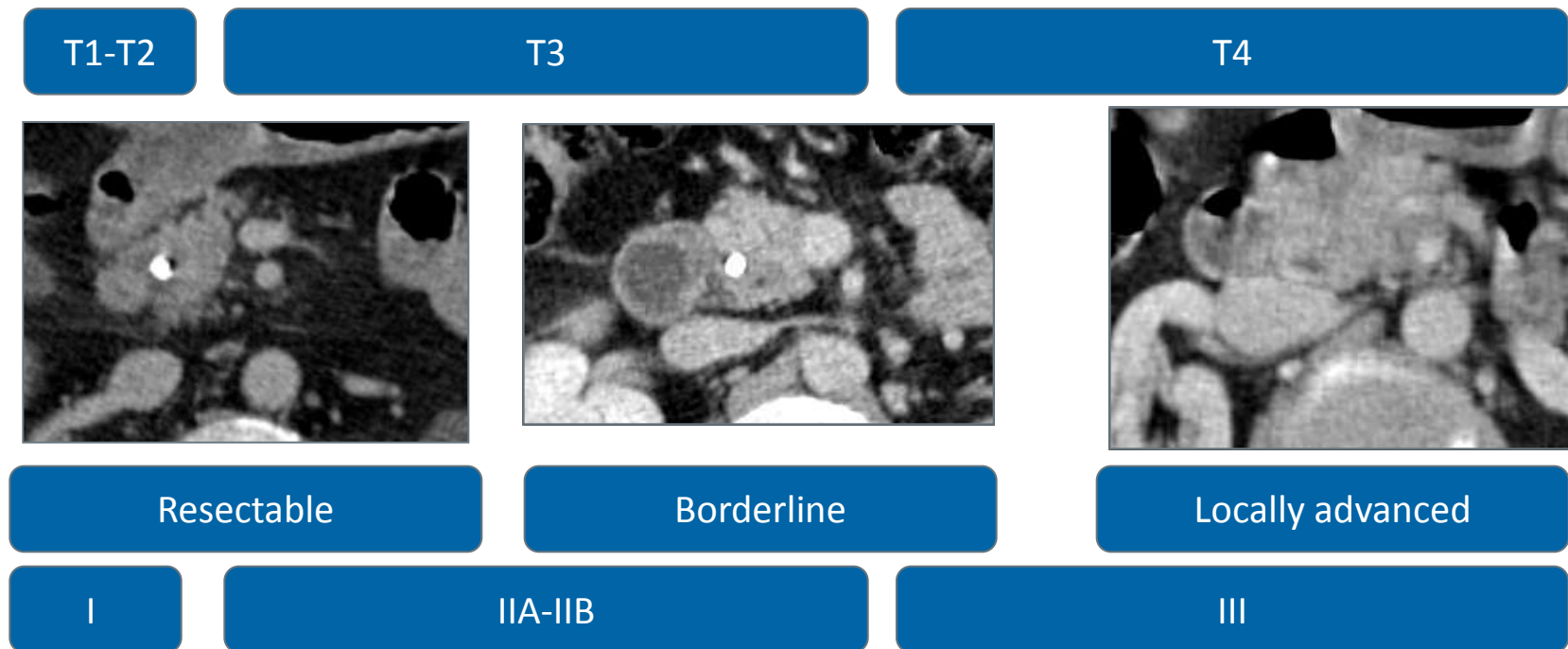
International no clear advantage for CRT as palliative therapy

- Neo-adjuvant strategy
 - Resection rate %
 - Poor results in

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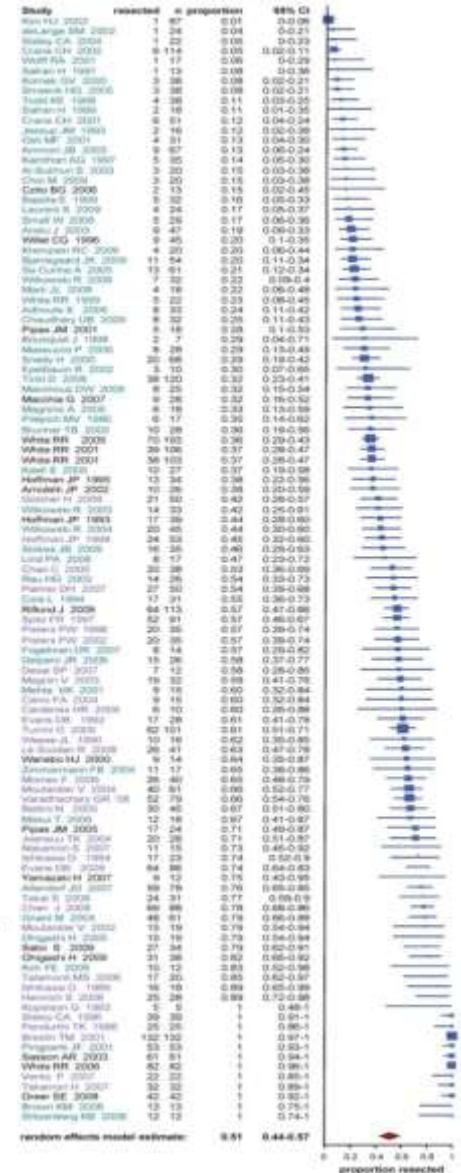
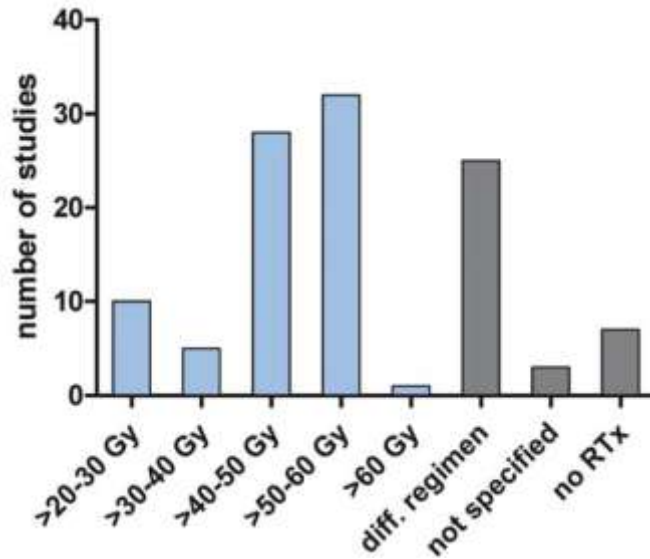
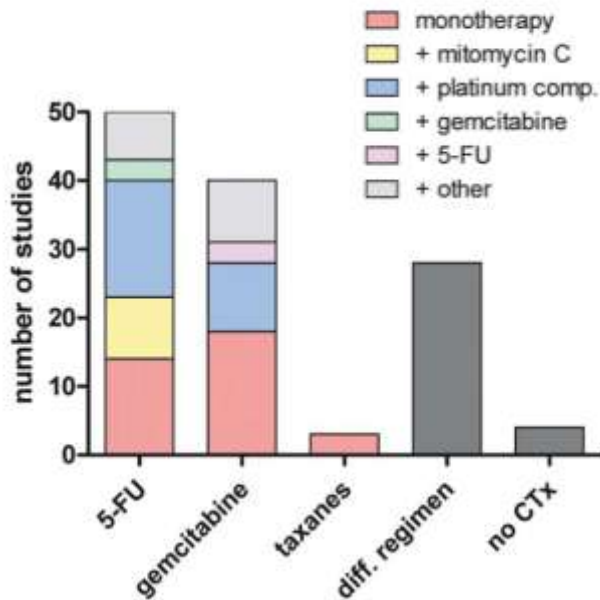
Optimal treatment for Locally advanced pancreatic cancer

- Stage



"Downstaging"

- No randomised study with relevant endpoint/population
- Systematic review (Gillen et al 2010)
 - 81 studies – median 31 pts. (5-193)



Locally Advanced Pancreatic Cancer

Danish Experience

- Palliation

- Median survival of months

- Neo-adjuvant strategy

- Resection rate %

- Poor results in

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Optimal treatment for Locally advanced pancreatic cancer - Waiting times

- Time from 1st fraction of CRT to death
 - Waiting time from diagnosis to 1st fraction if no previous therapy
 - Waiting time from information to 1st fraction if ptt. previously treated.

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	Mean	Median survival
10 - 35 days		
36 - 54 days		
55 - 182 days		

Conclusion

- Patients with locally advanced pancreatic cancer can be successfully *down-staged* and consequently have a curative resection
- Treatment of these patients require expertise and should be handled in multidisciplinary teams
- Further research into optimizing strategies and patient selection are required

- Tak til
 - Patienter og pårørende
 - Kirurgisk afdelinger i Danmark
 - Onkologiske afdelinger i Danmark



Kræftens Bekæmpelse



SYDDANSK UNIVERSITET
UNIVERSITY OF SOUTHERN DENMARK