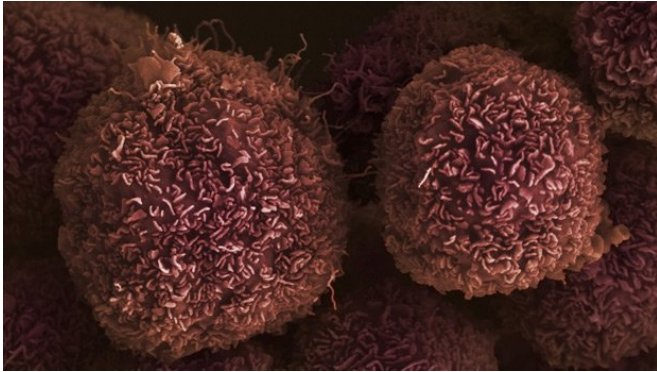


Chemoradiotherapy before surgery may extend lives of pancreatic cancer patients

5 June 2018



Credit: Cancer Research UK

Pancreatic cancer patients treated with chemotherapy and radiotherapy before surgery may live longer than those who have immediate surgery, according to unpublished clinical trial results.

The research, funded by the Dutch Cancer Society, looked at [patients](#) who had [pancreatic cancer](#) that could be removed by surgery because their cancer had not spread from the pancreas.

Patients who had chemoradiotherapy before surgery lived longer on average. The time until the [pancreatic](#) cancer came back after treatment was also extended in those receiving chemoradiotherapy, 9.9 months on average compared to 7.9 months in those having immediate surgery.

"We believe that this may be a practice-changing trial," said Dr. Geertjan Van Tienhoven, from the Department of Radiation Oncology, Academic Medical Center in Amsterdam.

The results are being presented at the 2018 American Society of Clinical Oncology (ASCO)

Annual Meeting in Chicago.

Better outcomes for patients

Dr. David Chang, a pancreatic cancer surgeon from the University of Glasgow and Glasgow Royal Infirmary, said: "The main conclusion from this study is that giving patients chemotherapy and chemoradiation prior to surgery may yield a better long-term outcome than surgery upfront."

Chang said the results were exciting because chemotherapy before surgery has been adopted in other cancer types, such as breast and large bowel, and this study now provides evidence to suggest benefit for pancreatic cancer too.

246 patients took part in the phase 3 PREOPANC-1 trial and were randomly assigned to receive either surgery immediately or chemoradiotherapy for 10 weeks followed by surgery. Survival was 13.5 months on average for those who had surgery immediately. Patients who were given a combination of the chemotherapy drug gemcitabine (Gemzar) and radiotherapy before surgery survived an average of 17.1 months.

There was no significant difference in the number of serious side effects experienced between the two groups of patients, the researchers said.

Between 10 to 15 in 100 patients diagnosed with pancreatic cancer are eligible for surgery. This depends on how developed the tumour is and how well the patient is.

Dr. Chang, who leads part of Cancer Research UK's Precision Panc trial, said many different treatment combinations for pancreatic cancer are now emerging and further work is needed to see which may benefit patients most before surgery.

"This is a rapidly evolving area of research in pancreatic cancer, with other combination

chemotherapy regimens being tested that may be even more effective both in tumour shrinkage and long-term prognosis."

Impacting the clinic

Having chemotherapy and radiotherapy before [surgery](#) is not the standard of care across the UK for pancreatic cancer, although Chang says more centres are starting to adopt it.

"The results of PREOPANC trial certainly strengthens the argument for it," said Chang.

He added: "Further studies are being planned in the UK through the Cancer Research UK-funded Precision-Panc initiative to work out which preoperative combination regimen would work the best at an individual pancreatic cancer patient level."

"This study is an example of how treatments can be refined in an attempt to work better for patients," said ASCO expert Dr. Andrew Epstein.

Where did these results come from?

The ASCO annual meeting is the largest gathering of clinical [cancer](#) experts in the world.

Researchers share preliminary and more advanced results. These come from small, early stage studies through to large randomised clinical trials.

In some cases, the results will go on to change how patients are treated. But most of the results are yet to be published in a scientific journal, so only offer an early glimpse of what these [trials](#) may later confirm.

Provided by Cancer Research UK

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