

Preoperative/neoadjuvant therapy in pancreatic cancer

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In research published this week in *PLoS Medicine*, Jorg Kleeff from Technische Universitat Munchen, and colleagues suggest that patients with apparently locally non-resectable tumors should be included in neoadjuvant protocols. The authors systematically reviewed studies concerning the effects of neoadjuvant therapy on tumor response, toxicity, resection, and survival percentages in pancreatic cancer.

Pancreatic ductal [adenocarcinoma](#) is the fourth leading cause of cancer-related mortality and is associated with an extremely poor prognosis, with a median survival of 5-8 months. At present, the only chance for cure and prolonged survival is surgical resection. Currently approximately 10%-20% of patients are considered candidates for such resection.

The authors examined 111 studies, involving 4,394 patients, and found that a third of patients initially judged unresectable were able to undergo resection after neoadjuvant therapy. These patients were then found to have a similar survival rate to patients judged resectable before neoadjuvant treatment (the average survival time being 20.5 months after resection). Although randomized trials are now needed to confirm this finding, they suggest that patients presenting with locally advanced/unresectable tumors should be offered neoadjuvant therapy and then re-evaluated for resection.

More information: Gillen S, Schuster T, Meyer zum Buschenfelde C, Friess H, Kleeff J (2010) Preoperative/Neoadjuvant Therapy in

Pancreatic Cancer: A Systematic Review and Meta-analysis of Response and Resection Percentages. PLoS Med 7(4): e1000267.

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