

Pancreatectomy OK without downstaging from therapy

May 25 2012



(HealthDay) -- Pancreatectomy improves median survival in pancreatic cancer patients even when presurgical neoadjuvant therapy does not lead to radiographic downstaging of tumors, according to a study published online May 17 in *Cancer*.

Matthew H.G. Katz, M.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues studied 129 <u>patients</u> who had borderline resectable pancreatic cancer. Patients received neoadjuvant therapy prior to undergoing surgery. To determine changes in <u>tumor size</u> or stage using modified Response Evaluation Criteria in Solid Tumors (RECIST; version 1.1), the researchers reviewed computed tomography images both pre- and post-treatment.

The researchers found that, of the 122 patients who had their disease



restaged after receiving preoperative therapy, 15 patients (12 percent) had a partial response to therapy, 23 patients (19 percent) had progressive disease, and 84 patients (69 percent) had stable disease. Eighty-five patients (66 percent) underwent pancreatectomy, and only one patient had their disease downstaged to resectable status after neoadjuvant therapy. The median overall survival for all 129 patients was 22 months; however, median overall survival was 33 months for those patients who underwent pancreatectomy.

"Radiographic downstaging was rare after neoadjuvant therapy, and RECIST response was not an effective treatment end point for patients with borderline resectable pancreatic cancer," the authors write.

More information: Abstract

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Citation: Pancreatectomy OK without downstaging from therapy (2012, May 25) retrieved 5 May 2024 from https://medicalxpress.com/news/2012-05-pancreatectomy-downstaging-therapy.html

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