

Chemotherapy prior to surgery may help outcomes for patients with pancreatic cancer

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A clinical trial led by researchers from the University of Cincinnati has found that one-third of patients receiving chemotherapy before surgery for pancreatic cancer had very encouraging results at the time of the procedure.

The results of this National Cancer Institute's SWOG Cancer Research Network trial will be presented as part of the ASCO20 Virtual Scientific Program, the online annual meeting of the American Society of Clinical Oncology (ASCO), which runs May 29-31.

Led by Davendra Sohal, MD, associate professor of medical oncology at UC and medical oncologist with UC Health, the [SWOG](#) trial compares two common chemotherapy regimens for early-stage [pancreatic cancer](#) and tests chemotherapy prior to pancreatic [cancer surgery](#).

"Pancreatic cancer is the fourth most deadly cancer type in the U.S. That is because there are no symptoms in the early stages, making it difficult to detect, and because it spreads rapidly," says Sohal. "There are few effective treatments, so survival rates are low, with only about 20% of pancreatic cancer patients living past one year after diagnosis. After five years, only about 7% are alive."

He adds that when diagnosed, roughly 20% of pancreatic cancers are stage I or II, meaning they haven't spread to other parts of the body and can be surgically removed. In this study, the research team wanted to test two [chemotherapy regimens](#) in patients with these early stage cancers, eligible for surgical removal.

Investigators enrolled 103 eligible pancreatic cancer patients between 2015 and 2018. Each patient was randomly assigned to receive either a chemotherapy agent mFOLFIRINOX, a combination of three chemotherapy drugs (fluorouracil, irinotecan, and oxaliplatin), or a different two-drug chemotherapy combination, both before and after surgery. Of the 103 patients, 77 completed chemotherapy and underwent surgery. Of those 77 patients, 73 had successful surgeries; afterward, 61 started chemotherapy and 48 completed chemotherapy.

Of patients who underwent surgery, 33% had a major or complete response to prior chemotherapy, meaning that there were either no signs of cancer in the tissue removed during surgery or minimal residual disease, regardless of what treatment patients received.

Also, 66% of patients completed post-surgery chemotherapy, which compares well with other studies in this field.

Sohal says these findings show that pancreatic cancer patients can undergo chemotherapy and go on to have a successful surgery without significant post-operative complications, but with 30% of patients enrolled and ultimately found ineligible, it's still challenging for cancer physicians to evaluate good candidates for pancreatic cancer surgery.

"With 33% of patients getting a major or complete pathologic response, and 85% of patients with no cancer in tissue that is surgically removed, these results are very encouraging," he says. "We also see from this study that giving chemo upfront, then performing surgery, may be the best treatment approach. For many patients, getting a second round of chemo after surgery is too debilitating."

He adds that the team will get long-term study results soon.

"We will then know the number of patients still alive two years after

their trial treatment and have better data on which of the two [chemotherapy](#) treatments performs best," he says.

Provided by University of Cincinnati

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