



Pancreatic ductal adenocarcinoma – adjuvant and neoadjuvant treatments

Dr. Carlos Carvalho

Medical Oncologist, Portugal

A. In **resectable** pancreatic adenocarcinomas:

1. After resection most patients will benefit from adjuvant chemotherapy
2. After adjuvant chemotherapy adding chemoradiation is controversial – better in R1 or N1 tumors?
3. Neoadjuvant treatment in resectable tumors may add some benefit but is still investigational
4. Patients with resectable tumors but worse prognosis may be candidates for neoadjuvant treatment

B. In **borderline resectable or locally advanced** pancreatic adenocarcinomas:

1. Neoadjuvant chemotherapy may improve resectability and survival
2. After neoadjuvant / induction chemotherapy adding radiation may be useful:
 1. To control local pain
 2. To avoid further chemotherapy toxicity (if no metastasis)
3. After neoadjuvant treatment current imaging is not good to assess response /resectability
4. Fit patients with borderline tumors and no progression after neoadjuvant treatment should be surgically explored
5. After neoadjuvant therapy patients with borderline tumors eventually resected may have similar survival to those with initially resectable tumors