



## The 3rd International Gastrointestinal Cancer Congress

# Pancreatic ductal adenocarcinoma – adjuvant and neoadjuvant treatments

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#### 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