The evaluation of neoadjuvant strategy for pancreatic cancer planned resection

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Although the standard treatment for resected pancreatic cancer is adjuvant chemotherapy, the strategy cannot be indicated for all cases with planned resection because of delayed recovery and/or residual tumor. A Neoadjuvant strategy (N-group) was compared to the surgery-first approach (S-group) by intention-to-treat anlaysis.

Eligibility criteria for adjuvant therapy were defined by: distant lymph node involvement, peritoneal washing cytology, residual tumor, delayed recovery, and serum marker sustained elevation after surgery.

Resection rate of N- and S-groups were both more than 80%. The frequency of the case eligible for adjuvant therapy was similar, 47% in S-group and 53% in N-group. The median survival time (MST) of the whole cohort and subgroup receiving adjuvant therapy were 21.2 and 31.6 months in N-group and 17.1 and 21.4 months in S-group, respectively. In N-group, GS-neoadjuvant (NAC-GS) was compared with Gemcitabine-neoadjuvant (NAC-G) treatment. The MST of the whole cohort and subgroup receiving adjuvant therapy in NAC-GS were 25.2 and 35.8 months, respectively, which were both significantly longer than those in NAC-G.

These results suggest that neoadjuvant chemotherapy shows a survival benefit without reducing the resection rate.

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