



## Locally Advanced Pancreatic Cancer: Resectability after Neoadjuvant Therapy

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### Abstract

Pancreatic adenocarcinoma (PDAC) represents the fourth cause of death-related mortality in Italy. Only 20 % of patients have with resectable tumors at diagnosis. The introduction of new chemotherapeutic regimens (folfirinox (FFN) and gemcitabine-paclitaxel (GEMPAC)) has brought to encouraging improvements in downstaging, conversion to resectability and overall survival. The aim of the study was to evaluate the impact of neoadjuvant therapy (NAT) in “borderline resectable” (BR) and locally advanced pancreatic adenocarcinoma (LAC). We enrolled all patients with BR and LAC PDAC from January 2012 to December 2020. Survival data were estimated with the Kaplan–Meier method and examined using the log-rank test. The most frequent chemotherapeutic regimens were FFN and GEMPAC, in the 51,06% and 36,17% of cases, respectively. After NAT, 20% of patients were resected with a DSF of  $26,43 \pm 5,51$  months. The OS in the entire cohort was  $19,82 \pm 2,21$  months. The OS of the different groups of patients was:  $5,66 \pm 1,96$  months for patients undergoing to best supportive care;  $14,29 \pm 2,09$  months for patients experiencing progression of disease;  $19,82 \pm 3,07$  months for patients undergoing surgical exploration but not resection and  $40,44 \pm 4,27$  months for resected patients. The use of chemotherapeutic regimens other than FFN and GEMPAC was associated to progression of disease and a poor OS ( $p < 0,05$ ). The multivariate analysis of risk factors influencing OS showed that lymph-node involvement and an increased CA 19.9 after NAT were associated to a poor OS ( $p < 0,05$ ). Data reported in the Literature suggest that the use of FFN and GEMPAC represents a key point in the treatment of BR and LAC PDAC. However, the response rates are variable and they do not always correlate with the surgical resectability. New randomized clinical trails are necessary to establish the role of the different therapies available.

### Biography:

Lucia Moletta graduated in 2008 at University of Padova and got her surgical residency in 2015 at the same University. Since 2017, she had been working as research associate at the Department of Surgical, Oncological and Gastroenterological Sciences (DISCOG), Clinica Chirurgica 3, University and Hospital of Padua. She attended in 2015 as a visiting physician the Hepatobiliary and Pancreatic Surgical Unit at the Academisch Medisch Centrum (Amsterdam). Her main interest lies in the oncologic diseases of the pancreas, as far as both the diagnosis and surgical treatment are concerned and in the oncologic diseases of the esophagus and stomach. She carries out research into new treatment methods for pancreatic cancer, minimally invasive pancreatic surgery, and new diagnostic and therapeutic approaches for pancreatic cysts, pancreatic carcinoma, esophageal and gastric tumors.

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