

# NEOADJUVANT TREATMENT IN BORDERLINE RESECTABLE PANCREATIC ADENOCARCINOMA: A SINGLE CENTER SERIES

*H. Verdaguer, B. Laquente, J. Busquets, N. Peláez L. Secanella, D. Leiva, S. Ruiz, I. Peiró, R. López Urdiales, T. Serrano, S. Vázquez, M. Calvo, O. Serra, M. Cambray N. Baixeras, X. Pérez, C. Sánchez, M. Galán and J. Fabregat*

## Background

Borderline resectable pancreatic adenocarcinoma (BRPA) may benefit from resection when preceded by neoadjuvant therapy.

## Study aim

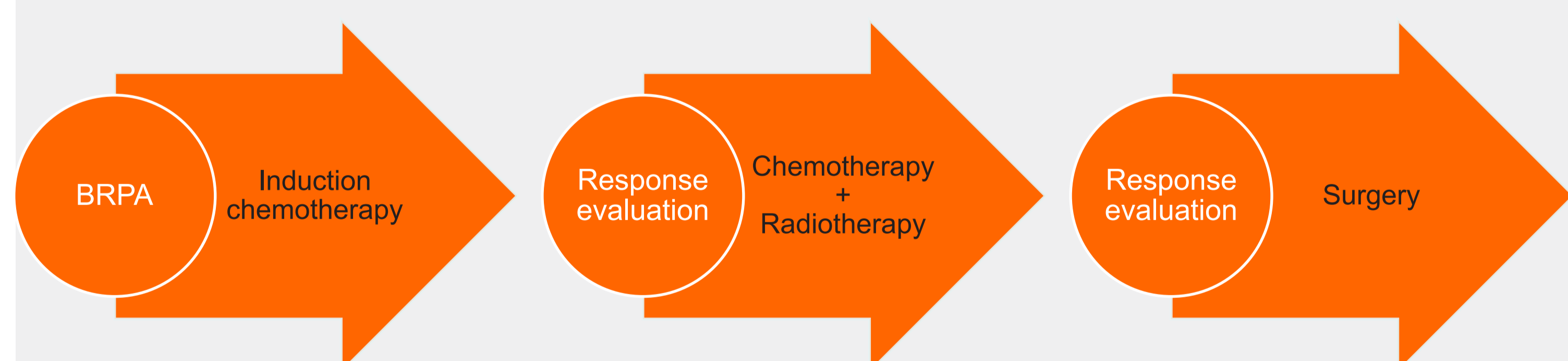
To evaluate retrospectively the outcome of patients (pts) with BRPA treated with chemo/radiotherapy in our center.

## Patients and Methods

We evaluated 22 consecutive patients with cytology confirmed pancreatic adenocarcinoma.

Borderline resectability was evaluated by multidisciplinary team following MD Anderson criteria. Tumor regression grade (TRG) was evaluated in accordance with the criteria of the American College of Pathologists 2009.

Most patients received 6 cycles of gemcitabine 1 g/m<sup>2</sup> iv on day 1 and oxaliplatin 100 mg/m<sup>2</sup> day 2 (GEMOX) every two weeks. Six patients received the same chemotherapy schedule plus erlotinib in the context of clinical trial. After re-staging with multidetector computer tomography, patients without progressive disease received 5 weeks therapy with 250 mg/m<sup>2</sup>/d 5-FU infusion and concomitant radiotherapy (50.4 Gy). Patients treated in clinical trial received gemcitabine 40 mg/m<sup>2</sup> twice a week and erlotinib 100 mg/d during radiotherapy treatment. After new re-staging with multidetector computer tomography, patients that did not progress underwent surgical resection.



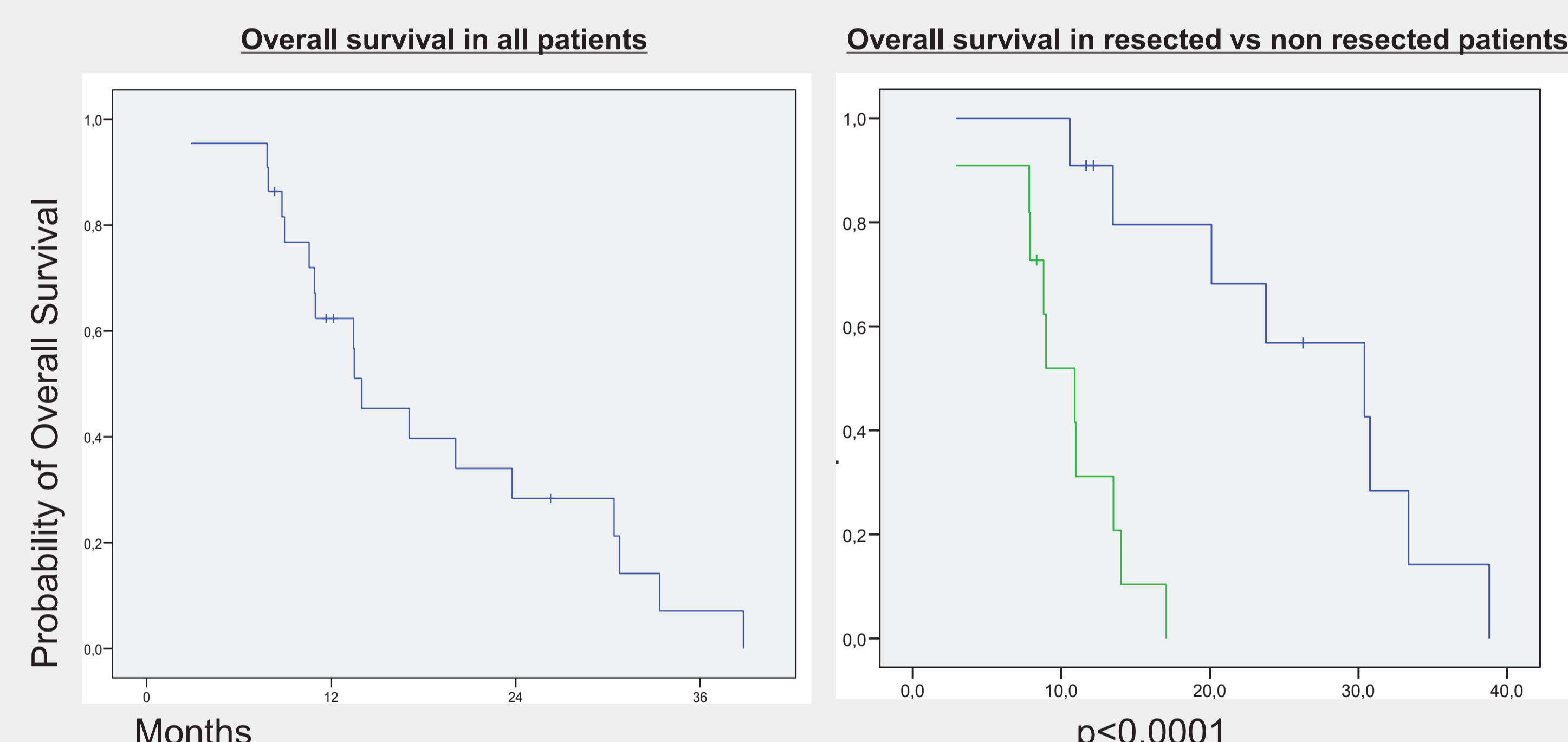
### PATIENTS FEATURES

Median age	63 (41-78)
ECOG	ECOG 0 14% ECOG 1 86%
Symptoms at diagnostic	Jaundice 90% Asthenia 54% Abdominal pain 54.5% Anorexia 41%

## Results

The median follow up for all pts was 12.8 months.

- Grade 3 or 4 toxicities were nausea/emesis (n =1) and hematologic (n = 5).
- Induction CT was completed in 90% of pts.
- Disease progression precluded surgery in 11 pts (50%).
- Eleven pts (50%) underwent pancreatectomy.
- Seven of the resected tumors (63%) had negative margins.
- Only one tumor was node positive.
- 3 pts showed complete pathological response (TRG 0); in one patient TRG 1 was observed; in five pts TRG 2 and in one patient TRG 3.
- There were no in-hospital or 30-day mortalities after surgery.
- 4 patients needed re-operation.



### Overall Survival

All patients	14 months (95% CI 9.29-18.7)
Patients who underwent surgery	30.4 months (95% CI 14.4-46.3)
Patients no candidate to surgery	10.9 mo (95% CI 7.8-13.9)

$p < 0.0001$

- Progression free survival in resected patients was 15.46 months (95% CI 11.0-19.8)

## Conclusion

GEMOX based CT followed by chemoradiation as neoadjuvant therapy for BRPA is safe, and our experience suggests favorable resection rates and survival benefit compared with previous reports in this high-risk patient population.

