

# Behandling af patienter med lokal avanceret pancreascancer

**Per Pfeiffer, ph.d.**  
Onkologisk Afdeling R, OUH  
Klinisk Institut, SDU



UNIVERSITY OF SOUTHERN DENMARK



Danish cancer society

OUH  
Odense  
Universitetshospital



Region of  
Southern Denmark

# Pancreascancer

Pop: 5.500.000



750 patienter/år

Region Syddanmark

160 Patienter/år

Kirurgisk/Onkologisk behandling  
centraliseret til OUH

Landsfunktion for behandling med  
RadioKemoTerapi (RKT) til patienter  
med lokal avanceret pancreascancer  
(LAPC)

# Pancreascancer-stadieinddeling

- Lokal udbredning
  - Størrelse
- Involvering af nærliggende strukturer
  - V. mesenterica superior
  - A. mesenterica superior
  - Truncus coeliacus
  - V. porta
  - "Retroperitoneum"
- Lymfeknuder
- Metastaser

# Pancreascancer - Stadier

## AJCC 6<sup>th</sup> Edition TNM Staging System for Pancreatic Cancer

### Definitions of TNM

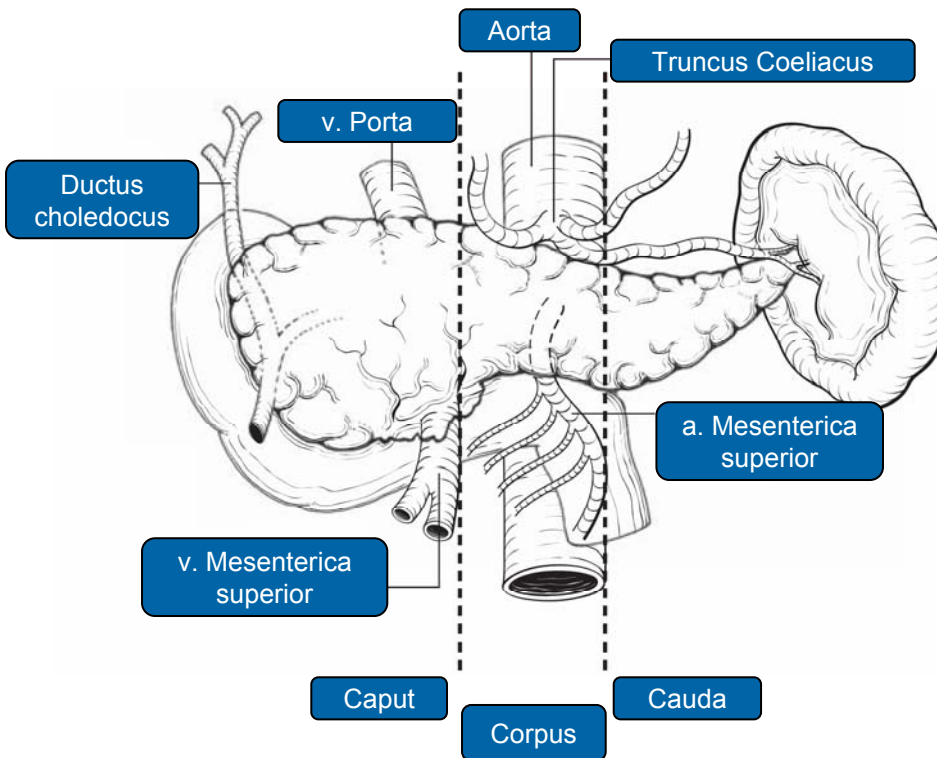
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumory
Tis	Carcinoma in situ
T1	Tumor limited to the pancreas, 2 cm or less in greatest diameter
T2	Tumor limited to the pancreas, greater than 2 cm in greatest diameter

T3*	Tumor extends beyond pancreas but no involvement of celiac axis or superior mestenteric artery
T4*	Tumor involves the celiac axis or the superior mestenteric artery (unresectable)

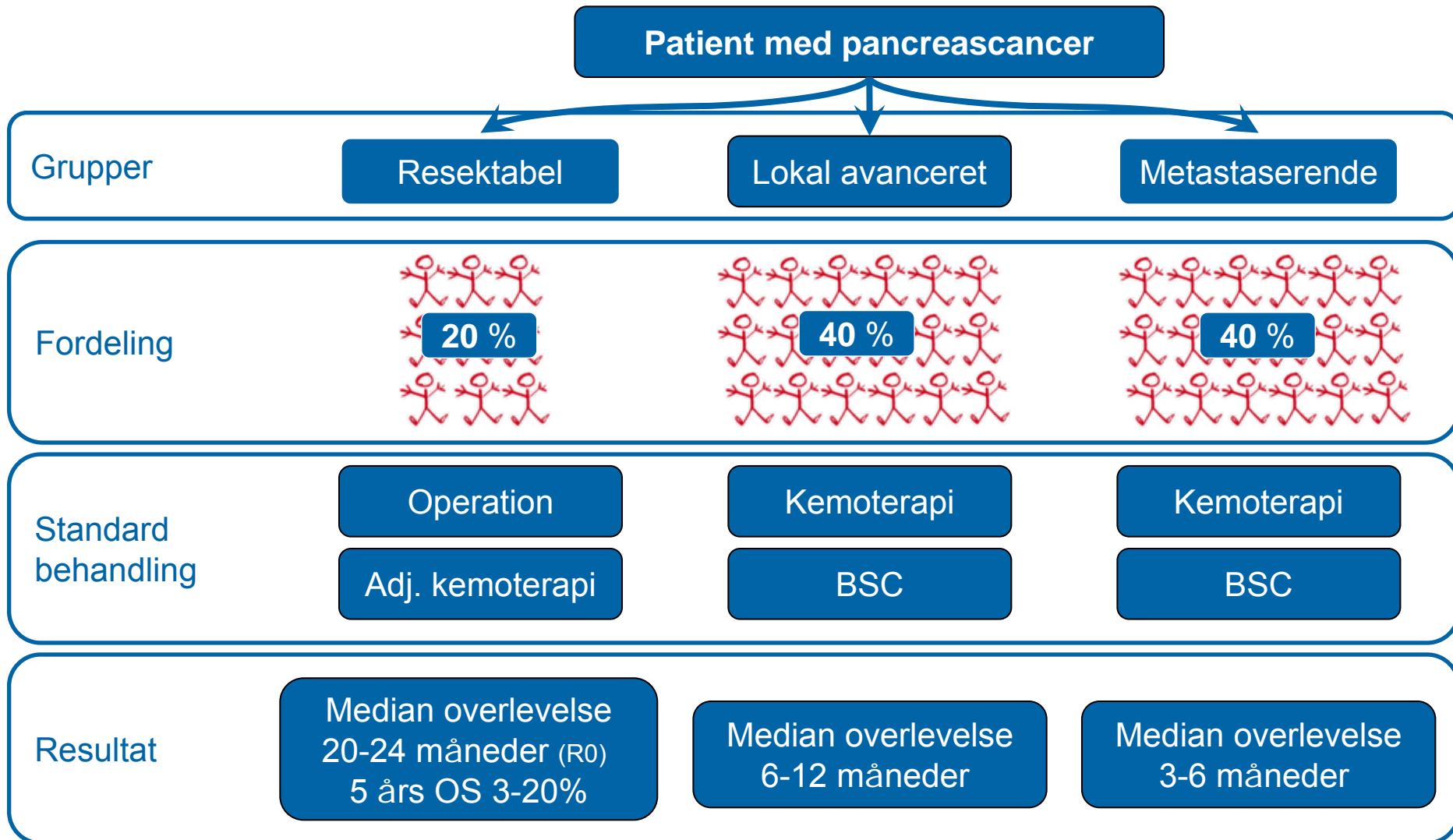
NX	Regional nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis
MX	Distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis

### Stage grouping

Stage 0	Tis	N0	M0	Localized within pancreas
Stage IA*	T1	N0	M0	Localized within pancreas
Stage IB*	T2	N0	M0	Localized within pancreas
Stage IIA	T3	N0	M0	Locally invasive, resectable
Stage IIB*	T1,2, or 3	N1	M0	Locally invasive, resectable
Stage III*	T4	Any N	M0	Locally advanced, unresectable
Stage IV	Any T	Any N	M1	Distant metastases



# Pancreascancer - Stadier



# Pancreascancer – Behandling

## Hvad ved vi ?

- Operation giver mulighed for helbredelse
- Korrekt stadie-inddeling er afgørende for valg af behandling
- Adjuverende kemoterapi øger sandsynligheden for langtidsoverlevelse

# Pancreascancer – Behandling

## Hvad tror vi ?

- Skal alle patienter med resektabel sygdom opereres direkte ?
  - Neoadjuverende behandling?
    - Kemoterapi
    - RadioKemoTerapi
- Hvad med patienter med LAPC ?
  - Mulighed for down-staging ?
    - RadioKemoTerapi
    - Kemoterapi

# Pancreas

## Ikke-randomiseret studie

159 patienter behandlet fra 1989 til 1997

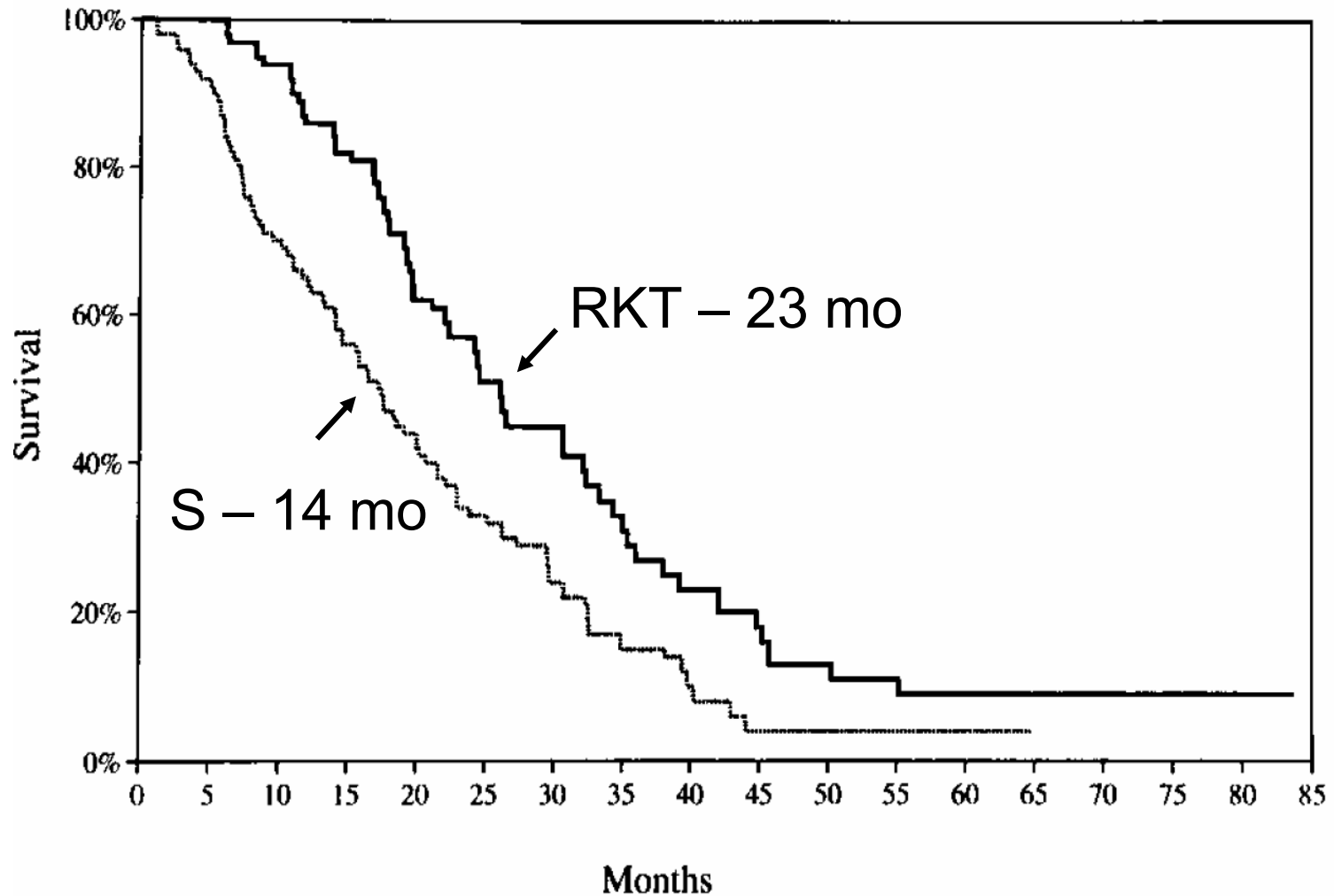
91 resektabel: Gruppe 1 → kirurgi

68 non-resektabel: Gruppe 2 → RKT

		Overlevelse	
	n	Median	2 år
Gruppe 1 = resektabel			
Kirurgi	91	14 mdr	31 %
Gruppe 2 = ikke-resektabel			
RKT	68	23 mdr	44 %

# Pancreas

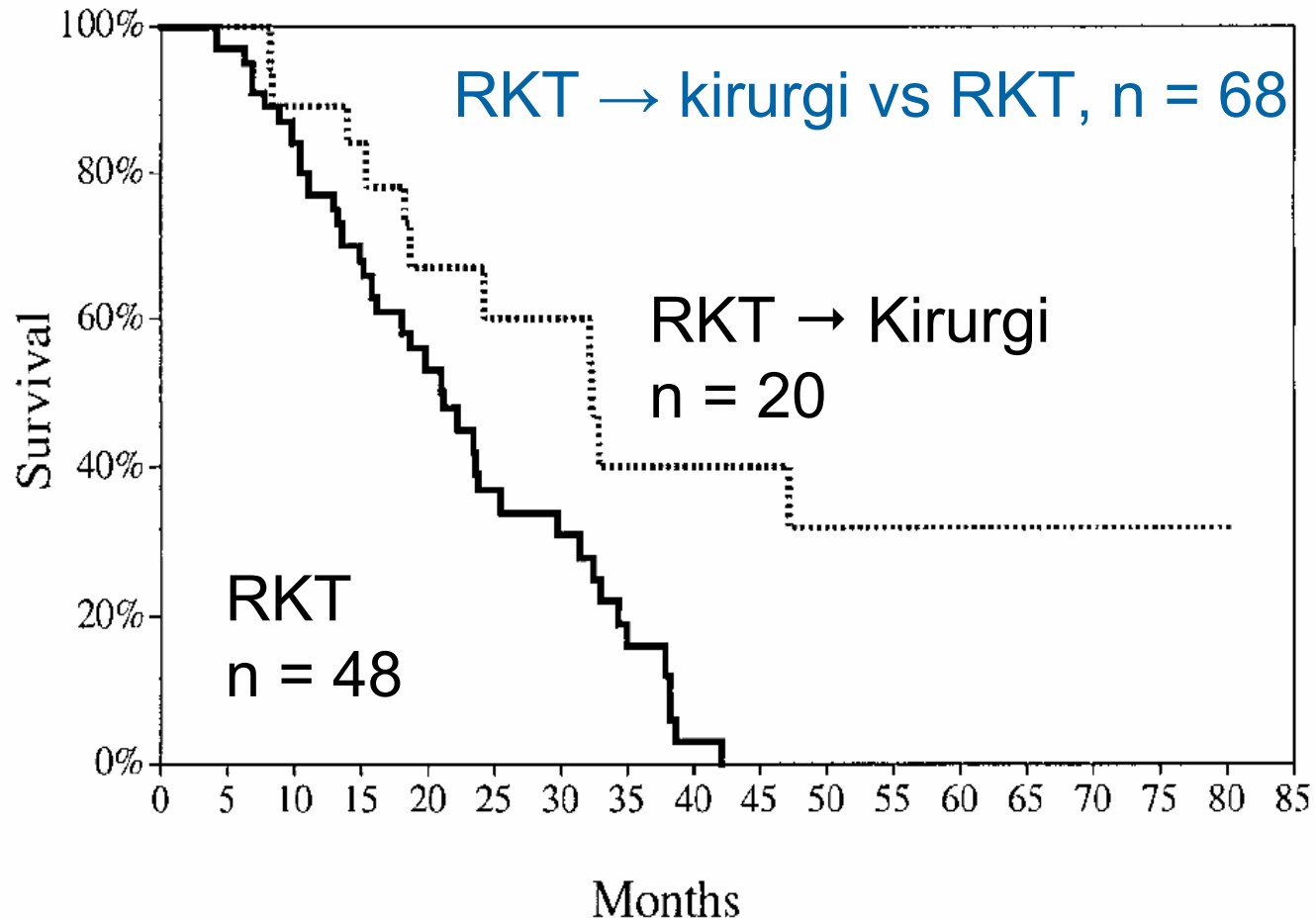
## Ikke-randomiseret studie



Snady et al, Cancer 2000; 89: 314-327

# Pancreas

## Ikke-randomiseret studie



# Pancreas

## Randomiseret studie – RKT vs kirurgi

**1999 - 2003**

198 patienter med resektabel sygdom

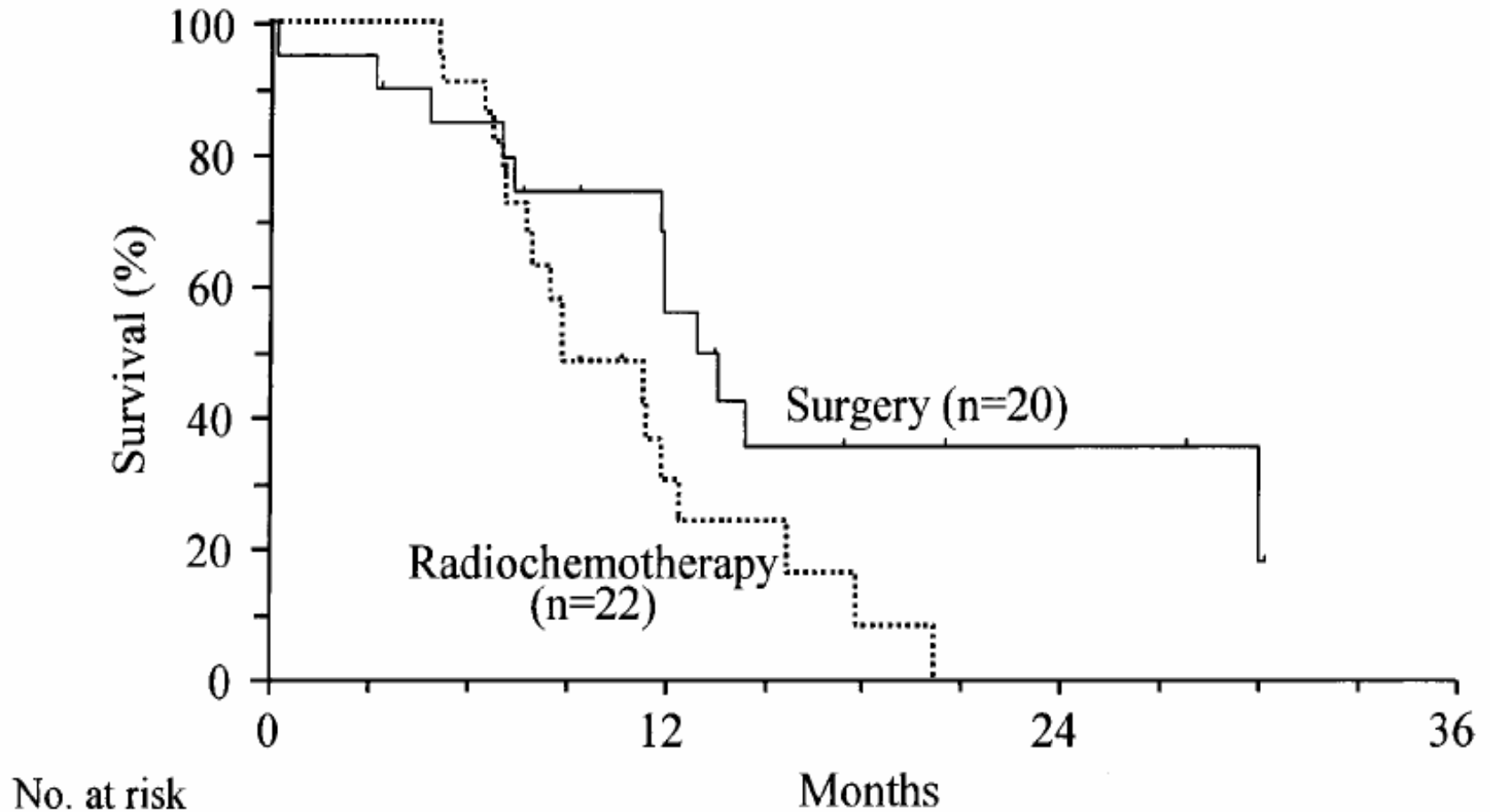
117 informeres, 81 registreres

42 randomiseres (150 planlagt)

		Overlevelse	
	n	Median	1 år
Kirurgi	20	13 mdr	62 %
RKT	22	9 mdr	32 %

# Pancreas

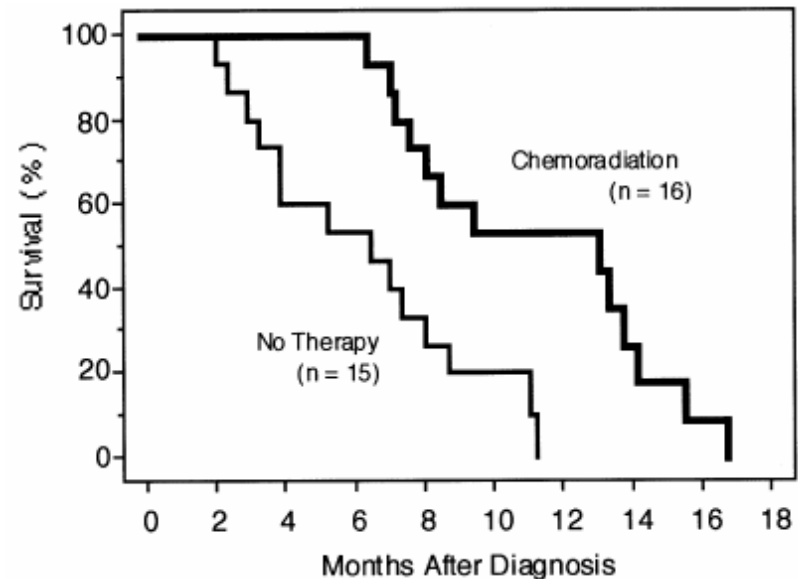
## Randomiseret studie – RKT vs kirurgi



# Pancreas

## Randomiseret studie – RKT vs BSC

		Overlevelse	
	n	Median	1 år
BSC	15	6,4 mdr	0 %
RKT	16	13,2 mdr *	55 % *

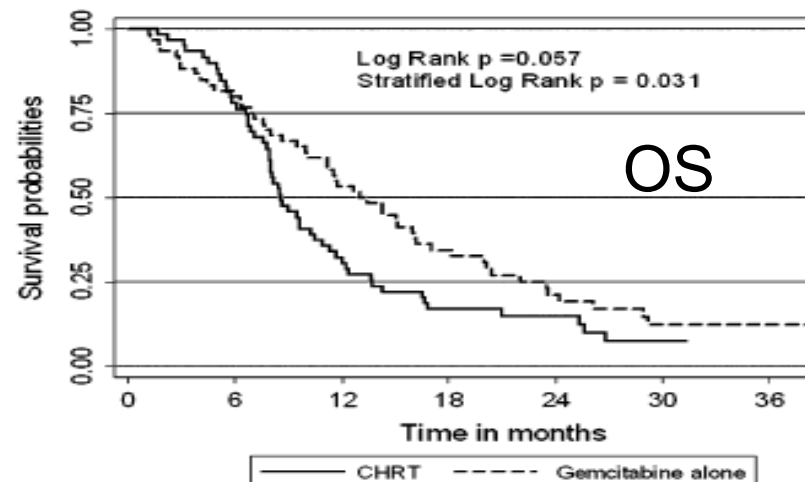
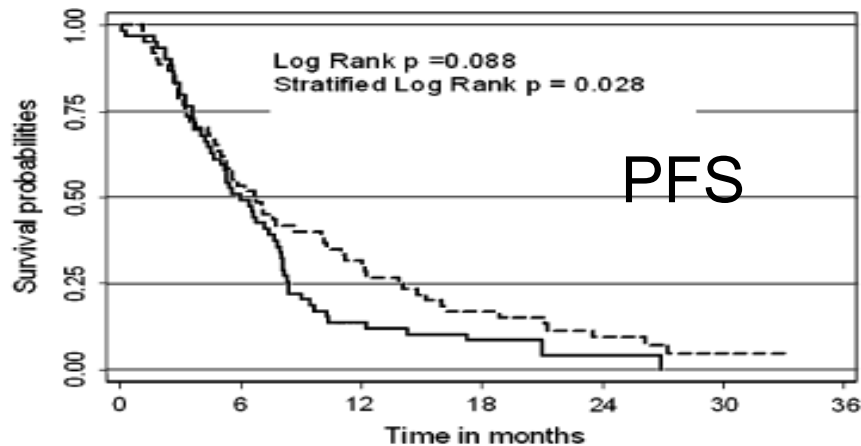


# Pancreas

## Randomiseret studie – RKT vs Gem

Formål: 6 → 12 mdr, planlagt n = 176

		Overlevelse	
		Median	1 år
RKT	n	8,6 mdr	32 %
Gemcitabin	n	13,0 mdr *	53 % *



Chauffert et al. Ann Oncol 2008

# Pancreas

## Randomiseret studie – RKT vs Gem

Formål: 6 → 12 mdr, planlagt n = 176

		Overlevelse	
	n	Median	1 år
RKT	60	8,6 mdr	32 %
Gemcitabin	59	13,0 mdr *	53 % *

RKT

12 ptt startede aldrig RT  
6 ptt fik aldrig FU/Cis

5 (2+3) ptt blev efterfølgende opereret

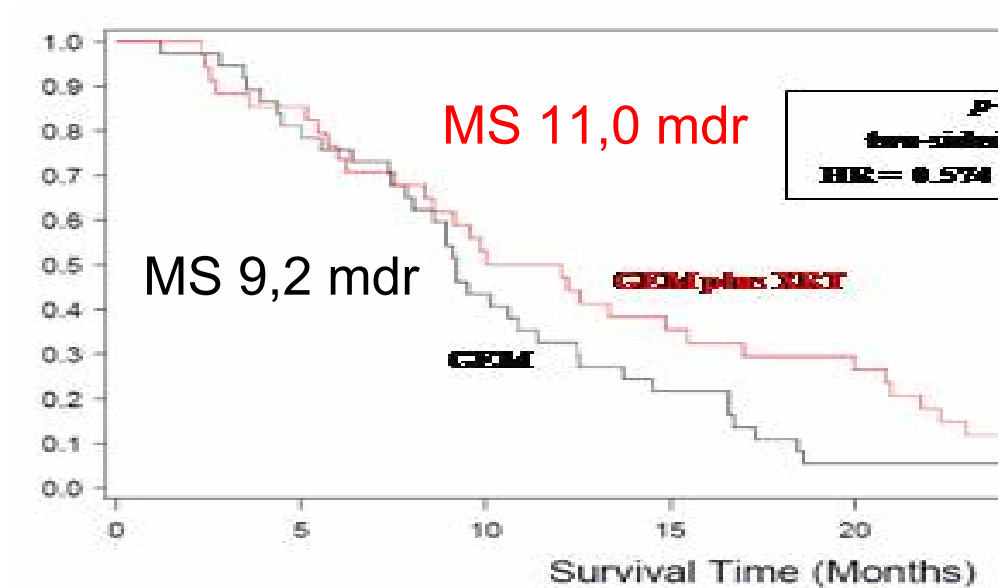
# Pancreas

## Randomiseret studie – RKT vs Gem

Formål: 8 → 12 mdr, planlagt n = 316

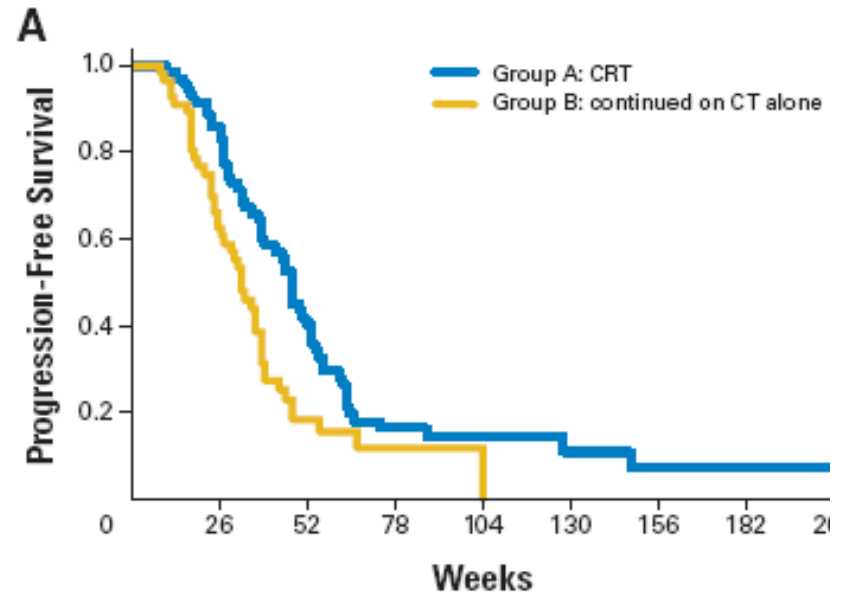
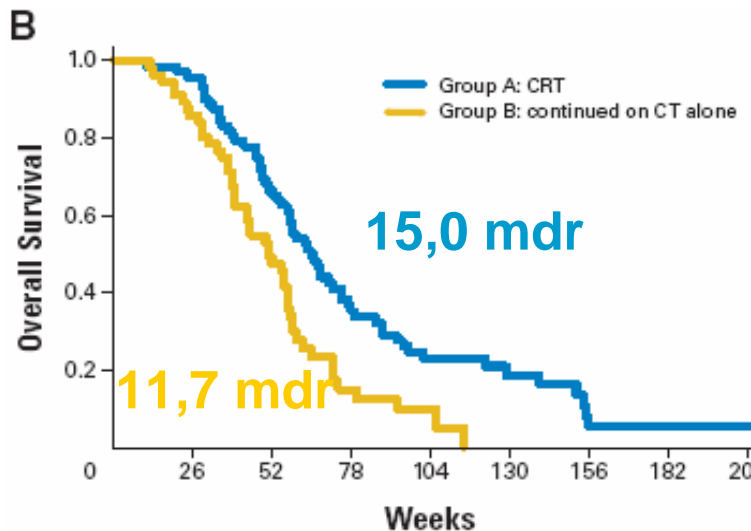
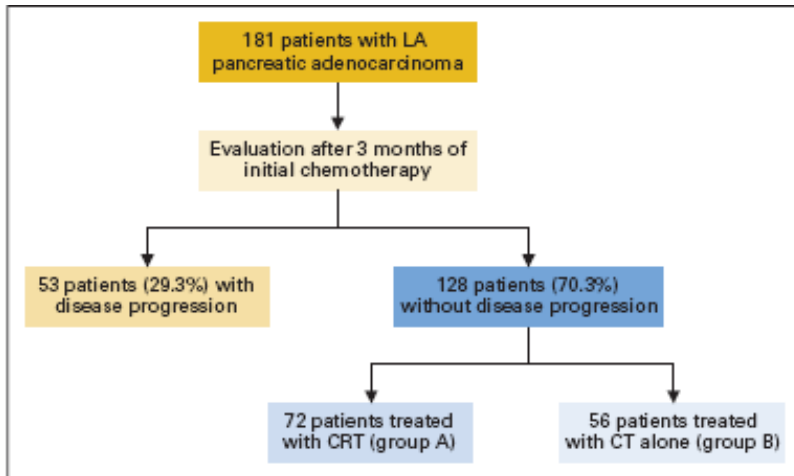
Start marts 2003

Studiet lukker maj 2005 efter inklusion af kun 74 patienter



# Pancreas

## Ikke-randomiseret studie – KT → RKT



RKT kan (bør) tilbydes efter KT mhp down-staging hvis der ikke er tegn på PD

# Kriterier for non-resektabel sygdom

## **Venøs indvækst**

v. porta

v. mesenterica superior

og/eller

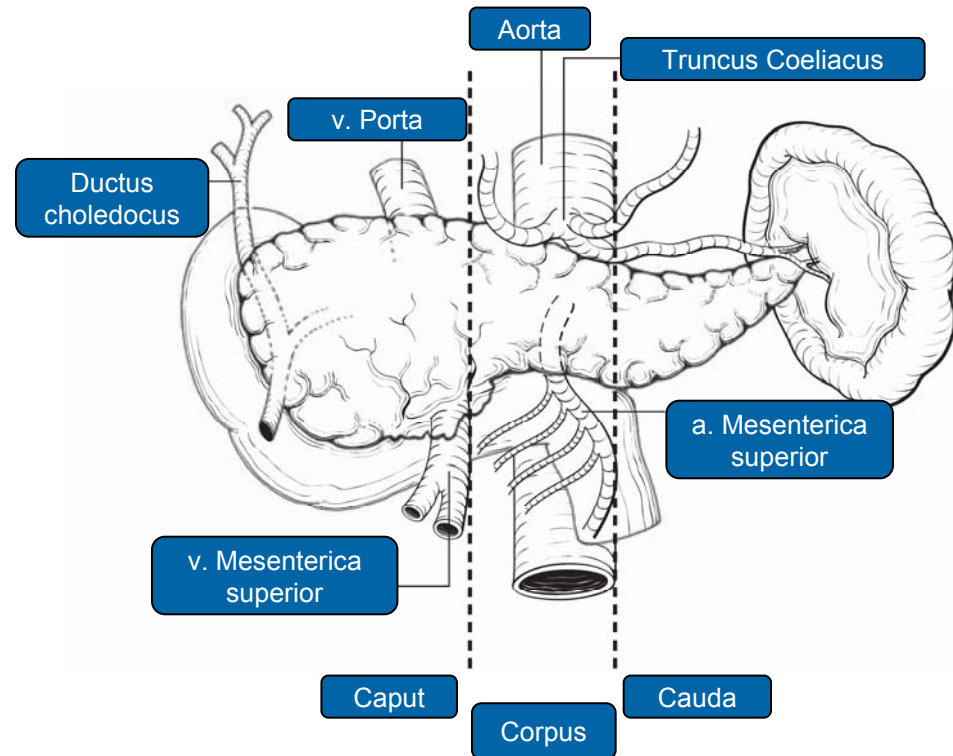
## **Arteriel indvækst**

a. mesenterica superior

Truncus coeliacus

og/eller indvækst i

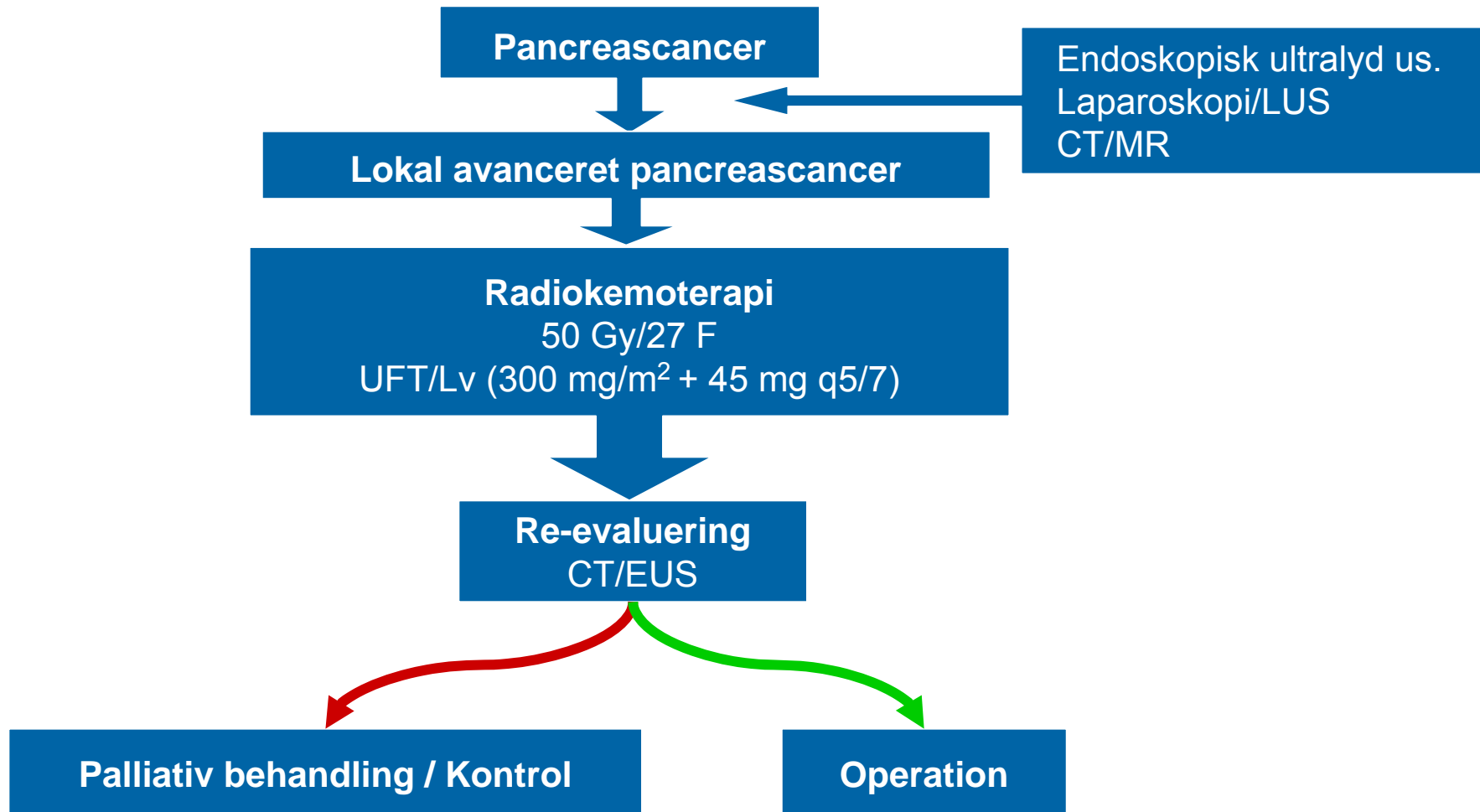
**Retroperitoneum**



# Formål

At vurdere om RKT kan skrumpe primær tumor ("*downstage*") således at radikal operation (R0 resektion) bliver mulig

# Metode



# Indikation for udredning

## Kandidat til "downstaging"

Indvækst i v. mesenterica sup. og/eller v. porta  
Indvækst i retroperitoneum

## Tvivlsom kandidat til "downstaging"

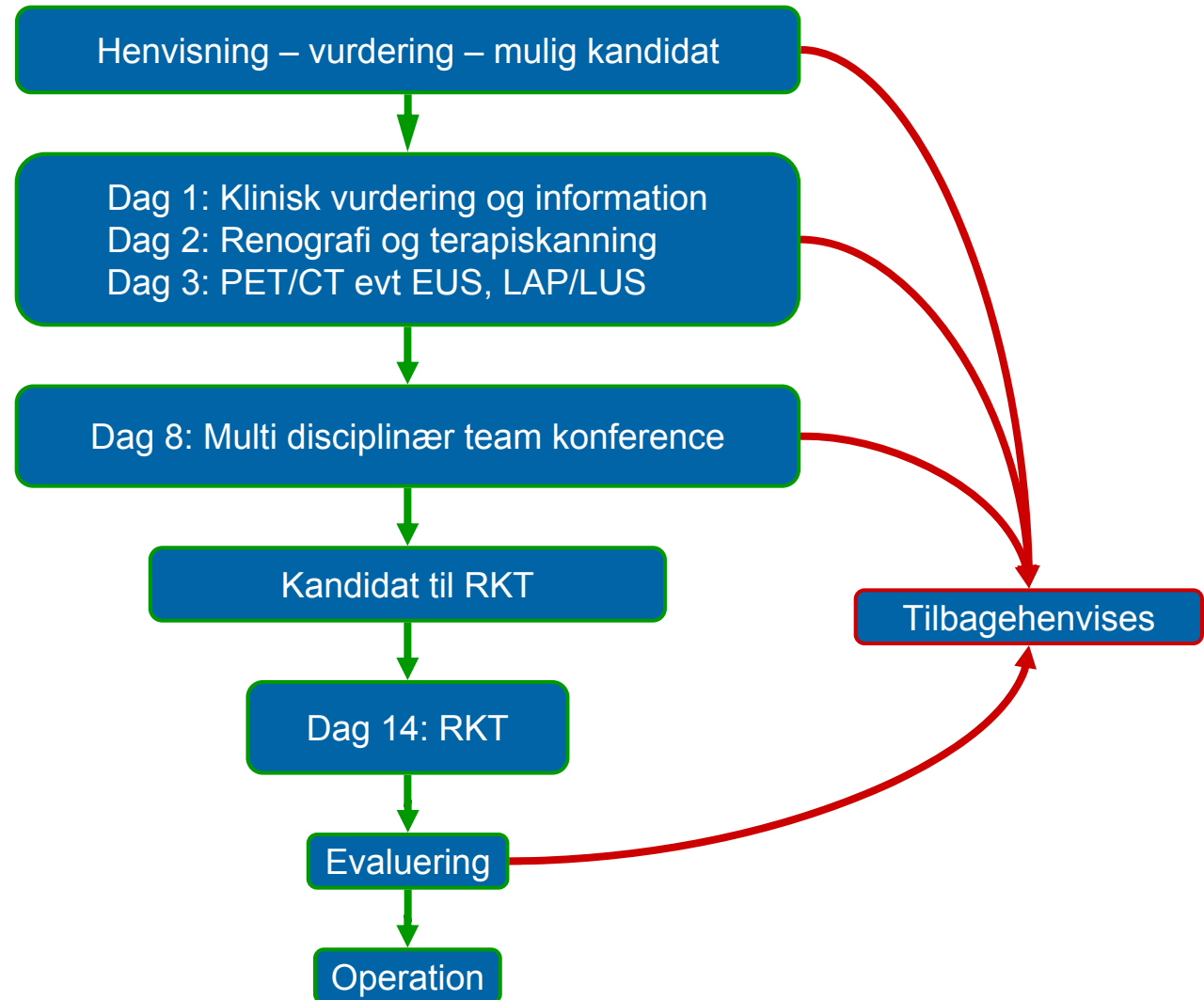
Indvækst i a. mesenterica sup. og/eller truncus coeliacus

God Performance 0-1

Bilirubin < 30

Udredt med CT af thorax/abdomen

# Multi-disciplinær behandling



# Spørgsmål?



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