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# Neo adjuvante therapie voor (borderline) resectabel pancreascarcinoom;

Academic Medical Center

Radiation Oncology

## de kracht van landelijke DPCG PREOPANC trials

Geertjan van Tienhoven



# DPCG

Dutch Pancreatic Cancer Group

# Disclosures



Ermelo, 08-02-2018

behalve subsidie voor datamanagement en  
translationeel onderzoek door de Nederlandse  
Kankerbestrijding KWF



# “Surgery is the only curative treatment....”



(Pancreas 2009;38: 282–288)  
Sohei Satoi, MD

The results of surgical therapy alone for pancreatic ductal cancer are still disappointing. Surgical resection for patients with pancreatic cancer at an early stage, which corresponds to cancer growth within pancreatic parenchyma, is the only curative treatment option; however, both distant and local/regional patterns of relapse are common within a year, even after curative resection.<sup>1</sup> In approximately 50% of resected pancreatic

Only curative treatment option  
Only hope for a complete cure  
Only potentially curative treatment

(Ann Surg 2009;250: 88–95)  
Hiroaki Ohigashi, MD, PhD,\*

In the treatment of invasive ductal adenocarcinoma of the pancreas, surgical resection still offers the only hope for a complete cure. However, long-term outcomes after pancreatic cancer resection remain extremely poor: the overall 5-year survival rate has been reported to be a mere 10% to 30%.<sup>1–3</sup> In the course of our work, we commonly encounter patients whose primary pancreatic tumors have extended beyond the pancreatic confines (T3 according to the

(IJROBP, Vol. 72, No. 4, pp. 1128–1133, 2008)  
Alexander M Stessin,

Surgical resection is considered to be the only potentially curative treatment and is recommended to approximately 15% to 20% of all patients with pancreatic adenocarcinoma

# Adjuvant/Neo adjuvant

## ➤ Adjuvante behandeling

- ESPAC 1, CONKO 1, CONKO 2, ESPAC 4
- mediane overleving 14 mnd – 19-28 mnd
- In Europa standaard behandeling

## ➤ Neo adjuvante behandeling

- Cochrane review, Syst review, clinical studies
- Mediande overleving 14 mnd – 20-34 mnd
- In VS veel gebruikt alternatief

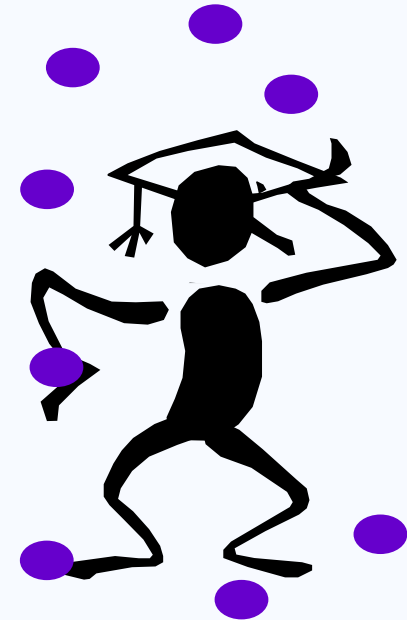
na succesvolle resectie (65-80%)

Forse bias

analyse naar behandelintentie nodig

# Hypothese PREOPANC-1

- Verhogen resectiepercentage
- Verhogen R0 resectiepercentage
- Verbeteren overleving



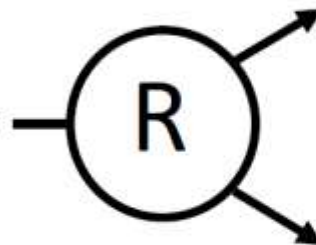
# PREOPANC trial

## Randomized phase III study

Stratify: resectable /borderline resectable  
Institute

Patients: 244

resectable/borderline  
resectable pancreatic cancer  
Informed consent



drainage  
laparoscopy

Explorative laparotomy

ChT-RChT-ChT

Then Explorative laparotomy

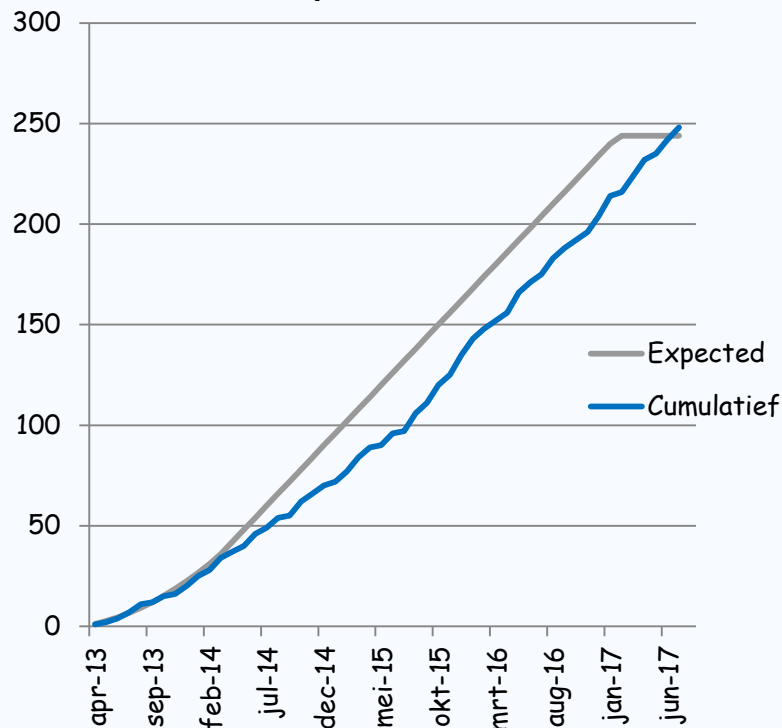
After resection followed by standard adjuvant chemotherapy

End points: Primary: Overall survival

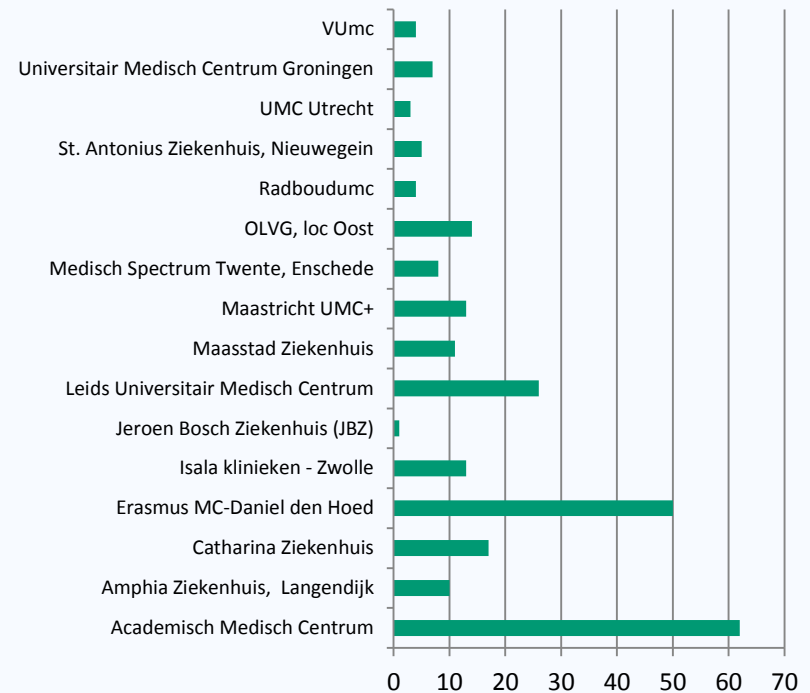
med overleving 11 → 17 maanden

# Totale inclusie

### Preopanc inclusie



### Inclusie per centrum



Eerste RCT met voldoende accrual

# Systematic review ITT

## ➤ Overleving naar behandelintentie (38/18828 studies)

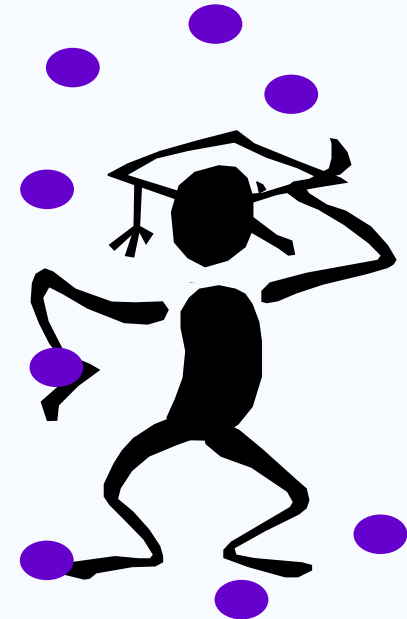
- Resectabel /borderline resectabel
- Primaire chirurgie n= 1746
- Preoperatieve behandeling n= 1738

	Primaire chirurgie	Preoperatieve radiochemotherapie
Resectie %	81,3	66,0
<b>Overleving (PP): 15,0</b>	<b>26,3 maanden</b>	
<b>Overleving: 14,8</b>	<b>19,6 maanden</b>	
	(11,0-25,3)	(9,5-50,2)



## FOLFIRINOX

- Verhogen (R0) resectiepercentage
- voorkomen onnodige chirurgie
- Verbeteren overleving



Groot Koerkamp et al

- Analyse PREOPANC binnen een half jaar
- PREOPANC-2
- Samenwerking:
  - Multicentrisch
  - Multidisciplinair
  - In landelijke RCT's



# Dank aan iedereen

- Alle 248 patiënten
- Alle 16 instituten
- Alle DPCG onderzoekers (ongeveer 100)
- IDMC, METC, KWF, IKNL
  
- Co PI's: Kees Punt & Casper van Eijck
- Coördinatoren: Mustafa Suker & Eva Versteijne

