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Summary

Oligometastasitc disease: Does surgical resection play a role?

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Digestive Oncology | Mechanisms & Personalised Medicine | Small Intestine & Nutrition | Pancreas | Surgery

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Surgical resection may play a role in oligometastatic pancreatic cancer if the right patients can be identified, though biological markers to define true oligometastatic disease are currently lacking.

KEY POINTS

- The speaker presented the HOLLYBANK trial, a single-arm feasibility study in which patients with up to five liver metastases receive combination chemotherapy and undergo synchronous resection of the primary tumor and metastases; as stated by the speaker, 107 of a planned 150 patients have been enrolled with a resection rate of 35 percent.
- A 10-year retrospective analysis at the speaker's institution examined clinical characteristics including number of metastases, affected organs, CA19-9 levels, and chemotherapy response, finding that patients meeting oligometastatic criteria had higher overall survival than non-oligometastatic patients.
- The speaker emphasized that no biological or molecular biomarkers currently exist to distinguish true oligometastatic disease from occult systemic disease, and that current selection relies on clinical features such as limited metastatic burden and response to chemotherapy.
- German guidelines recommend that resection of the primary tumor with synchronous oligometastatic disease (fewer than three liver metastases) should be performed only in clinical trials under a multimodal therapy concept.
- The speaker stated that potential benefits of resection in selected patients include chemotherapy-free intervals with reduced toxicity, removal of tumor cell mass, and possibly reduced development of resistance, but stressed this must be achieved with low morbidity and mortality.

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