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Summary

Con: Neoadjuvant therapy

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Digestive Oncology | Surgery | Pancreas | Mechanisms & Personalised Medicine

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The speaker argues that emerging targeted therapies, specifically a recently EMA-approved RAS inhibitor for second-line pancreatic cancer, may challenge current guidelines against neoadjuvant therapy in resectable pancreatic cancer, despite existing trials showing no benefit over upfront surgery and adjuvant chemotherapy.

KEY POINTS

- Current German guidelines recommend against neoadjuvant chemotherapy or radiotherapy for primary resectable pancreatic cancer (evidence grade B), based on trials showing no benefit compared to upfront surgery followed by adjuvant modified folfirinox.
- The speaker stated that pancreatic cancer is a micrometastatic disease with approximately 15% of patients developing metastases within 6 months post-resection and 35% within one year, even after curative-intent surgery.
- A RAS inhibitor recently accepted by the EMA for second-line treatment shows response rates around 50% in first-line setting with better quality of life impact than polychemotherapy, according to the speaker.
- The speaker reported that many fit patients do not complete full adjuvant modified folfirinox cycles due to toxicity, and suggested the new RAS inhibitor in neoadjuvant setting might reduce R1 resection rates.
- The speaker disclosed being part of the German guideline committee and stated his position has shifted from favoring upfront surgery to considering neoadjuvant approaches based on emerging targeted therapy data.

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