

COMBINED CHEMOTHERAPY AND PHOSPHORUS-32 MICROPARTICLE INTRA-TUMOURAL IMPLANTATION IS BETTER THAN COMBINED CHEMOTHERAPY AND STEREOTACTIC BODY RADIATION THERAPY FOR PATIENTS WITH LOCALLY ADVANCED PANCREATIC ADENOCARCINOMA

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UEG Week Berlin 2025

Poster

Pancreas

October 7, 2025

A single-center retrospective study of 119 locally advanced pancreatic cancer patients found that EUS-guided phosphorus-32 microparticle implantation combined with chemotherapy was associated with significantly better overall survival, progression-free survival, tumor downstaging, and surgical resection rates compared to stereotactic body radiation therapy with chemotherapy.

KEY POINTS

- Overall survival from chemotherapy commencement was significantly better with phosphorus-32 implantation than SBRT (hazard ratio 1.98, $p=0.004$), with 58 patients receiving phosphorus-32 and 61 receiving SBRT.
- Phosphorus-32 implantation was associated with superior local progression-free survival (HR 1.61, $p=0.034$) and distant progression-free survival (HR 1.71, $p=0.019$) compared to SBRT.
- Tumor downstaging occurred in 15 of 58 phosphorus-32 patients versus 5 of 61 SBRT patients ($p<0.001$), and surgical resection was achieved in 13 of 58 phosphorus-32 patients versus 0 of 61 SBRT patients ($p<0.001$), with a 77 percent R0 resection rate in the phosphorus-32 group.
- Grade 3 or higher adverse events were not significantly different between groups (6 of 58 for phosphorus-32 versus 5 of 61 for SBRT), and both therapies demonstrated a good safety profile.

- The authors state these findings warrant further evaluation with a larger randomized controlled trial.

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