Unsolved problems with imaging in pancreatic cancer

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Surgery | Radiology & Imaging | Pancreas | Mechanisms & Personalised Medicine | Digestive Oncology

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The speaker reviewed imaging-based staging and resectability assessment in locally advanced pancreatic cancer, highlighting limitations of morphological imaging and the emerging role of biological markers and artificial intelligence in treatment planning.

KEY POINTS

- The speaker stated that classification systems differ significantly: 25% of NCCN-defined resectable tumours were reclassified as borderline by Dutch criteria, and 43% of NCCN borderline cases became locally advanced, with the Dutch system better stratifying clinical outcomes.
- Morphological CT and MRI may overestimate tumour size and vascular involvement and cannot reliably distinguish post-treatment fibrosis from residual tumour around vessels, the speaker reported.
- The speaker stated that resectability assessment should integrate imaging findings with tumour biology, including CA 19-9 response and metabolic imaging, rather than relying on anatomical criteria alone.
- NCCN guidelines recommend FDG PET CT before and after neoadjuvant treatment, with significant decreases in metabolic activity correlating with good pathological response and better patient outcomes, the speaker noted.
- The speaker described the ongoing Performance trial, a prospective multicenter study combining imaging, omics, liquid biopsy, and radiomics to predict surgical resection in borderline and locally advanced patients.
- In the Q&A, the speaker recommended structured reporting for pancreatic cancer, stating it improves communication with surgeons, and expressed the view that photon counting CT will remain limited in differentiating fibrosis from residual tumour.

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