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Summary

# Pro: Upfront surgery

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UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Surgery | Pancreas | Mechanisms & Personalised Medicine

October 19, 2026

**Current level one evidence supports upfront surgery as standard of care for resectable pancreatic cancer, while neoadjuvant therapy should be considered for borderline resectable disease, with future management likely determined by biomarkers rather than anatomy alone.**

KEY POINTS

- Meta-analysis shows no clear evidence for neoadjuvant therapy in resectable pancreatic cancer, but neoadjuvant therapy should be considered for borderline resectable disease with high risk of R1 resection.
- The speaker stated that Swedish registry data showed 61% of resections are R1 resections, with survival decreasing as the number of positive margins increases.
- Current UK standard of care post-resection is adjuvant chemotherapy with capecitabine and gemcitabine, with 70-80% of patients completing adjuvant treatment as stated by the speaker.
- CA19-9 levels may help select patients for upfront surgery, with the speaker noting levels less than 500 suggest resectable disease, though UK NICE guidance currently recommends resection for anatomically resectable tumours regardless of CA19-9.
- Adenocarcinoma arising from IPMN is a distinct entity with better survival than PDAC, and large retrospective studies showed chemotherapy after IPMN resection does not influence survival or recurrence patterns.
- The speaker recommends upfront surgery for patients with localised disease, high likelihood of R0 resection, good performance status, and no markedly elevated CA19-9 in the absence of jaundice.

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