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Summary

Panel Discussion: Pancreatic cancer - Extending life expectancy

UEG Week Vienna 2024 | Presentation

Digestive Oncology | Mechanisms & Personalised Medicine | Pancreas | Surgery

October 15, 2024

Panel discussion on oligometastatic pancreatic cancer addressed patient selection for intervention, the role of tumor heterogeneity in treatment decisions, and multimodal management strategies including surgery and local therapies.

KEY POINTS

- The speaker stated that lungs are a better site than liver for oligometastatic disease, with some molecular subtypes conferring more favorable prognosis, and emphasized complete disease assessment to avoid understaging
- For oligometastatic disease with good chemotherapy response, the speaker suggested surgical intervention may be considered when there are fewer than three metastases, no major liver resection is required, and the primary tumor is resectable without locally advanced features
- Multiple biopsies from different tumor areas are recommended to address tumor heterogeneity, and rebiopsy should be considered when patients do not respond to chemotherapy, though the speaker noted that frequency of finding targetable alterations remains very low
- Radiofrequency ablation may be used for a single progressing lesion in otherwise controlled metastatic disease to maintain the same systemic therapy, but local therapy is not appropriate when all disease is progressing
- The speaker recommended an individualized prehabilitation approach including smoking cessation, with protein optimization and exercise timing for overweight patients rather than high-calorie diets
- BRCA-mutated patients, though a small subgroup, benefit from olaparib maintenance therapy and show sensitivity to folfirinox, and the speaker suggested reimbursement policies should account for BRCA mutation status

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