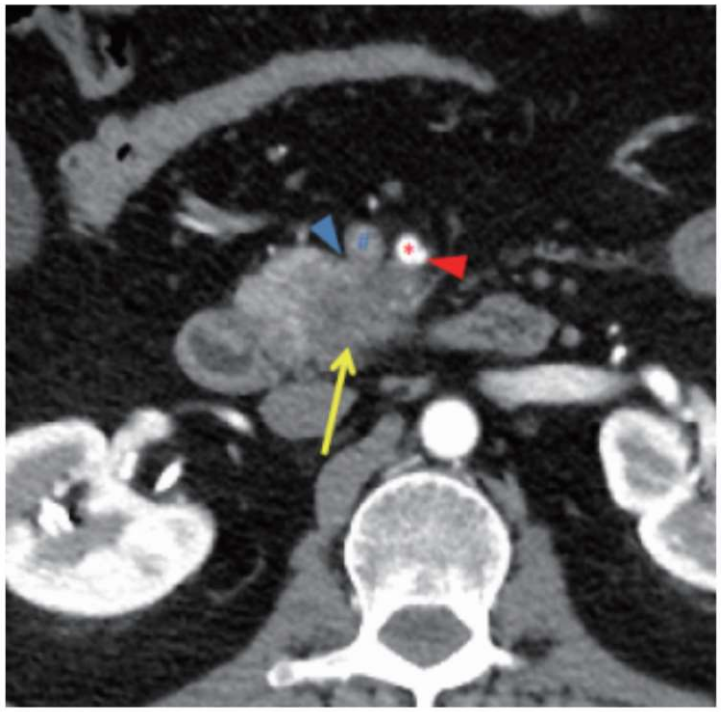


ADENOCARCINOMA DUCTAL DO PÂNCREAS

Neoadjuvância

Orlando Jorge M. Torres
Professor Titular
Chefe do Serviço de Cirurgia do Aparelho Digestivo
Unidade Hepatopancreatobiliar
Universidade Federal do Maranhão

ADENOCARCINOMA DUCTAL DO PÂNCREAS

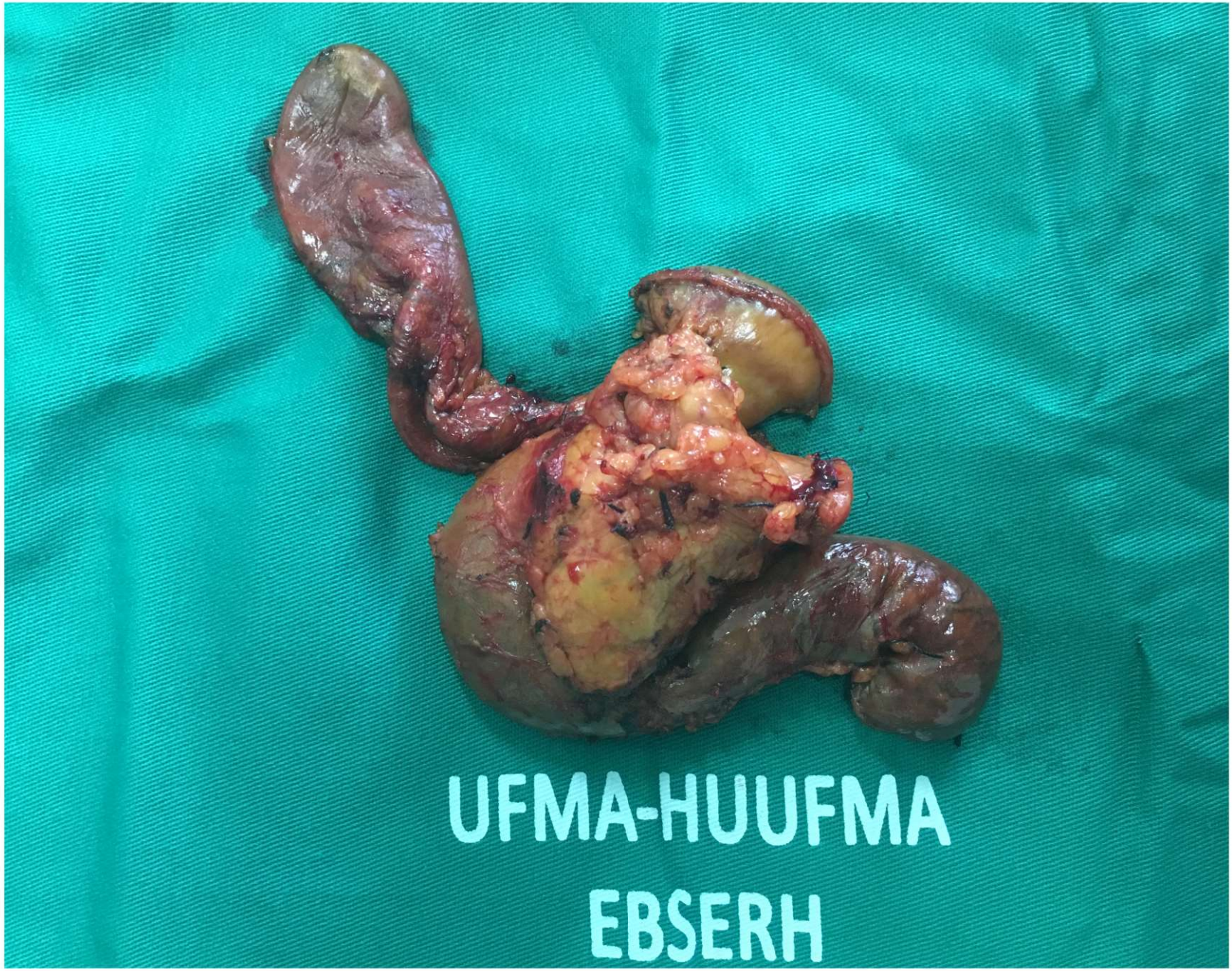
- Pior prognóstico das neoplasias GI
- Na apresentação:
  - Localmente avançada
  - Metastática
- Apenas 10-20% candidatos a cirurgia
- Prognóstico na ressecção radical
  - Sobrevida em 5 anos – 15-20%
  - Sobrevida global – 20-24 meses
  - Taxa de recorrência – 92%
    - Local – 40%
    - Metastática – 50%

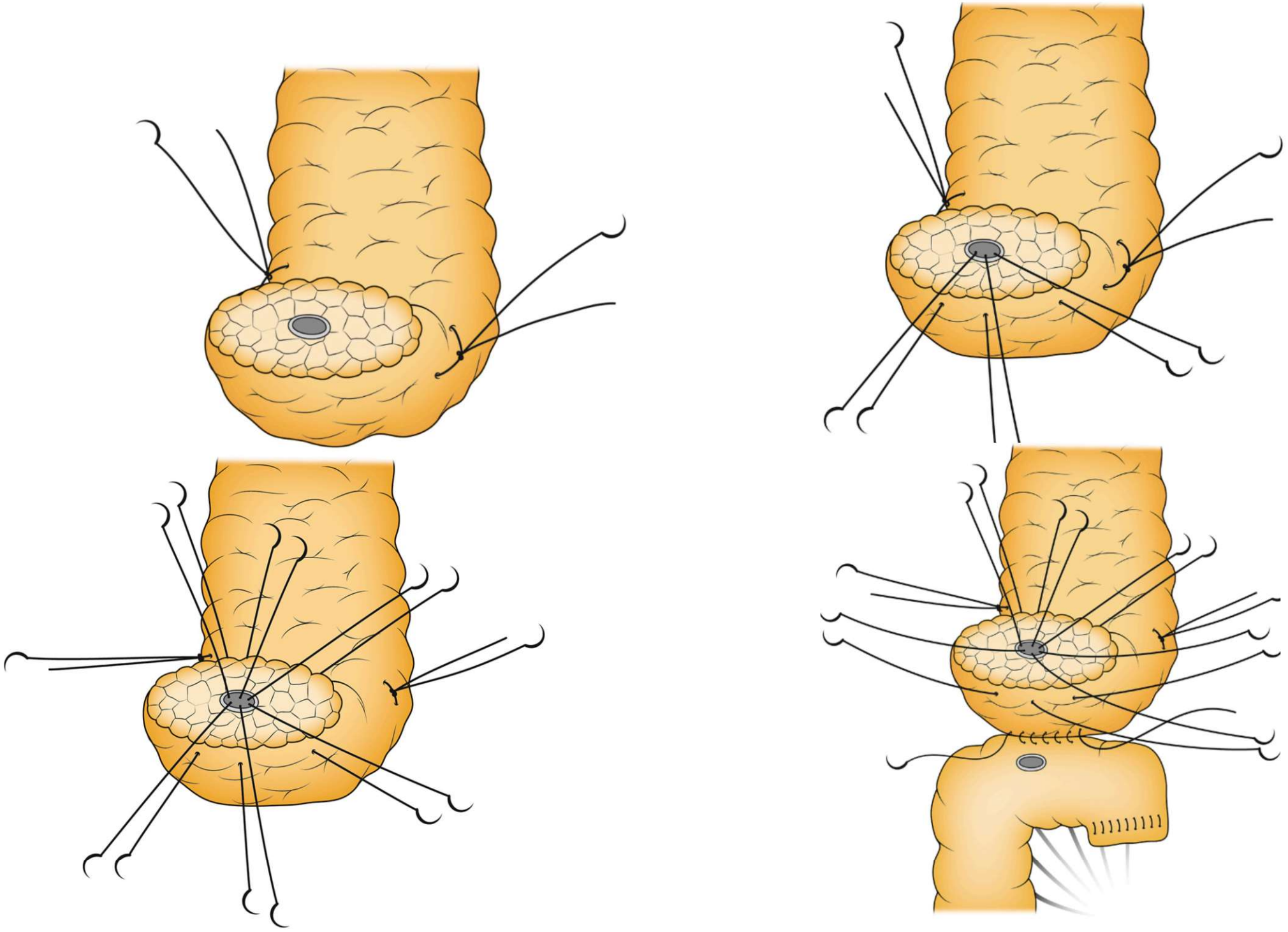
Bittoni A, et al. Gastroent Res Pract 2017

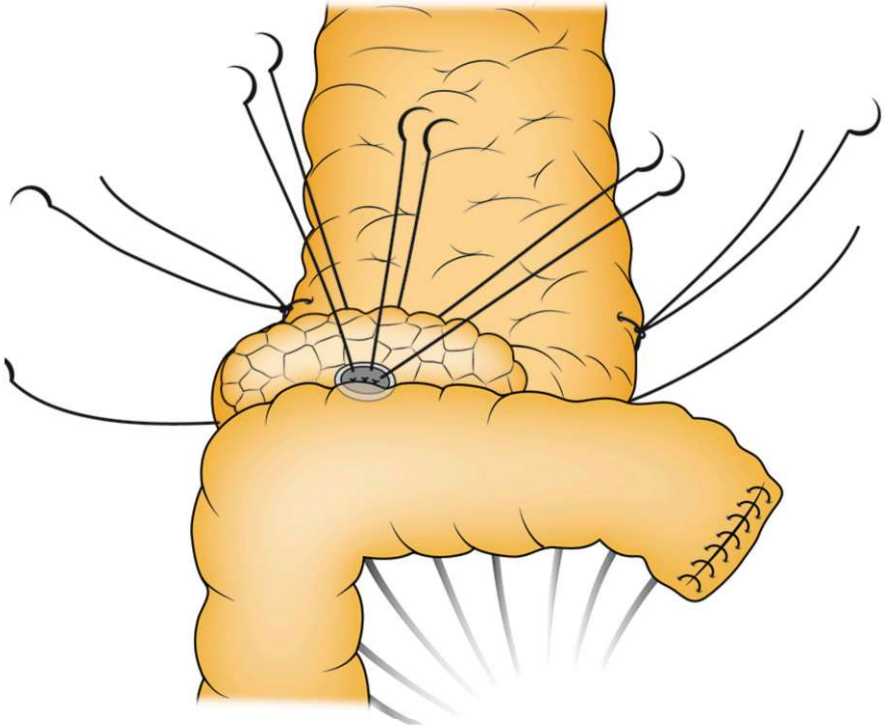
ADENOCARCINOMA DUCTAL DO PÂNCREAS

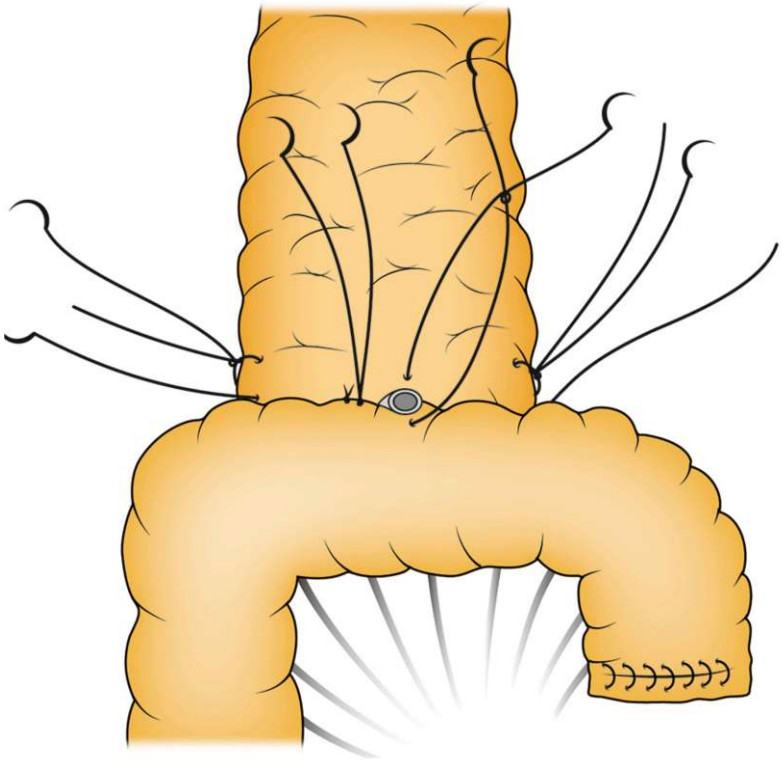
- Doença localizada
- Cirurgia imediata
- Ressecção R0
  - Sobrevida média < 24 meses
  - Maioria – recorrência sistêmica
- É uma doença sistêmica

Bittoni A, et al. Gastroent Res Pract 2017


UFMA-HUUFMA
EBSERH



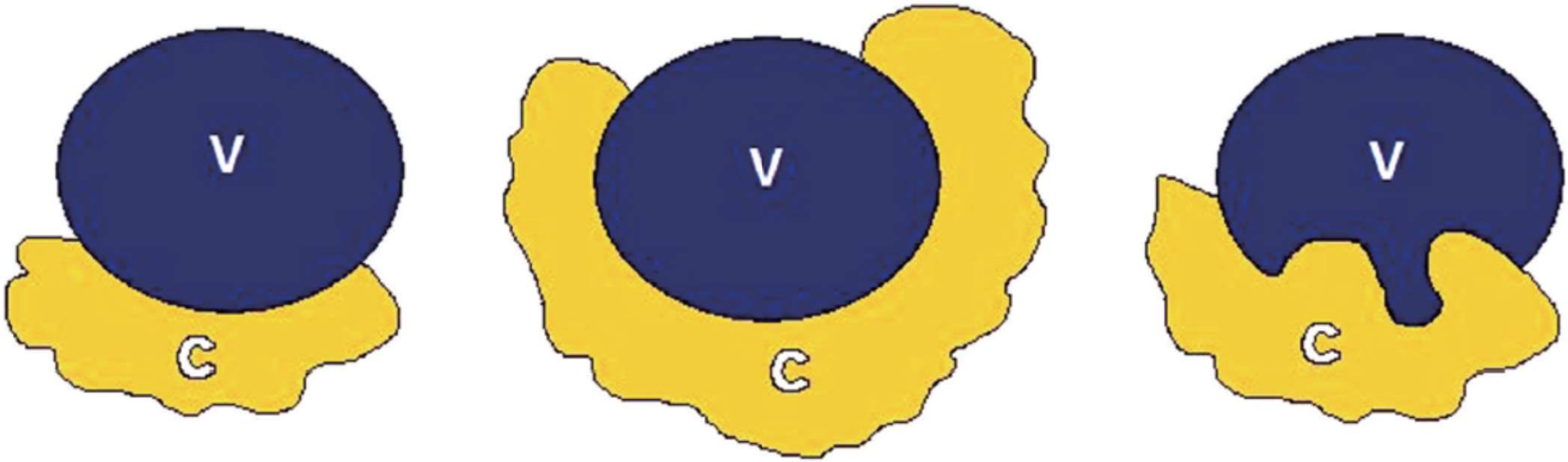




ADENOCARCINOMA DUCTAL DO PÂNCREAS

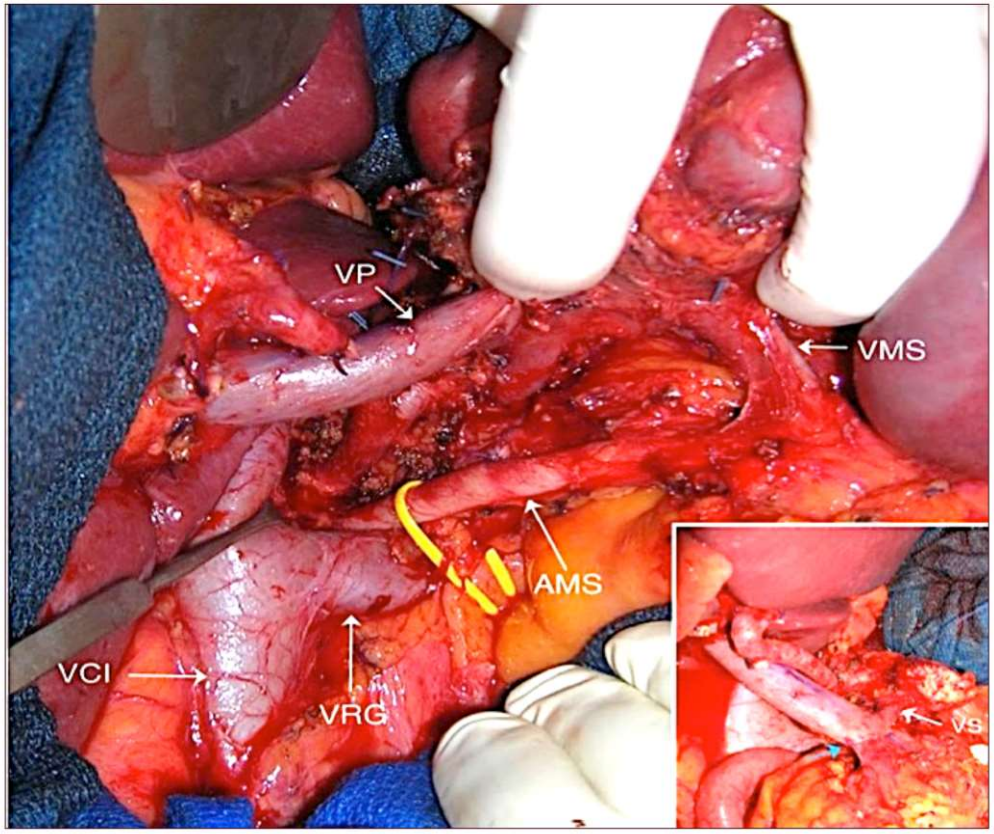
- Ressecção R1
  - Péssimo prognóstico
  - 15-35% de ressecção R1
- Ressecção R2
  - 1%
- Cirurgia:
  - Complicações – 20-70%
  - Mortalidade – 4%
- Cirurgia isolada
  - Não é o tratamento ideal
    - Quimioterapia
    - Radioterapia

Bittoni A, et al. Gastroent Res Pract 2017



Epelboym I, et al. Ann Surg Oncol 2017.

In summary : venous resection : THE question is not a technical one !

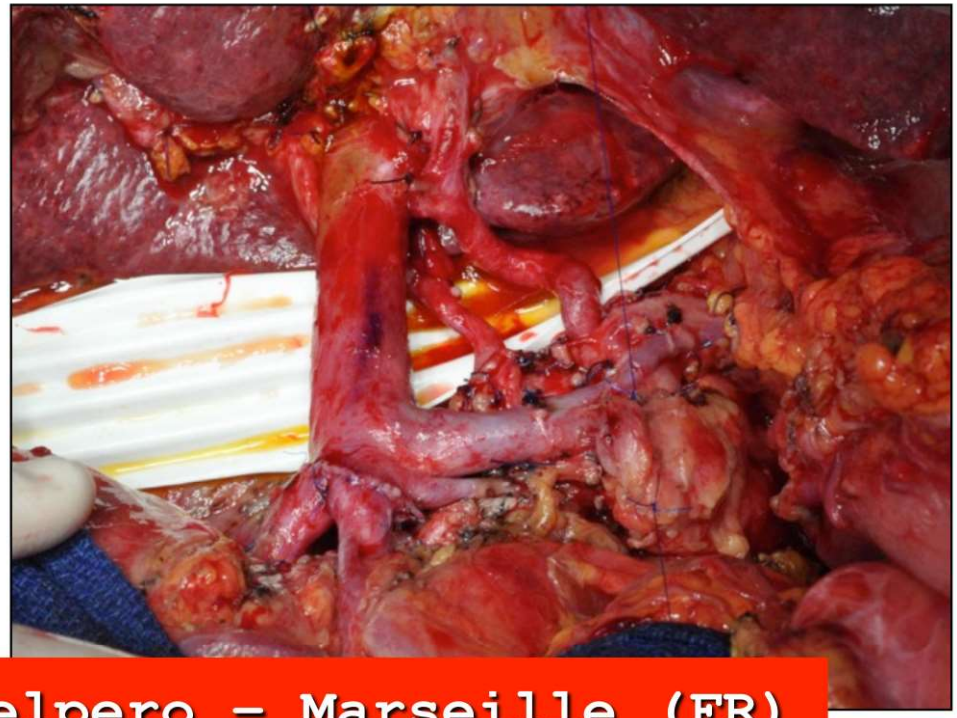


- systematic reviews
- metaanalysis :

conflicting results

Monocentric studies :

- mortality =
- morbidity =
- survival =



Courtesy: Juan-Robert Delpero - Marseille (FR)

Table 2
Definitions of borderline resectable pancreatic cancer

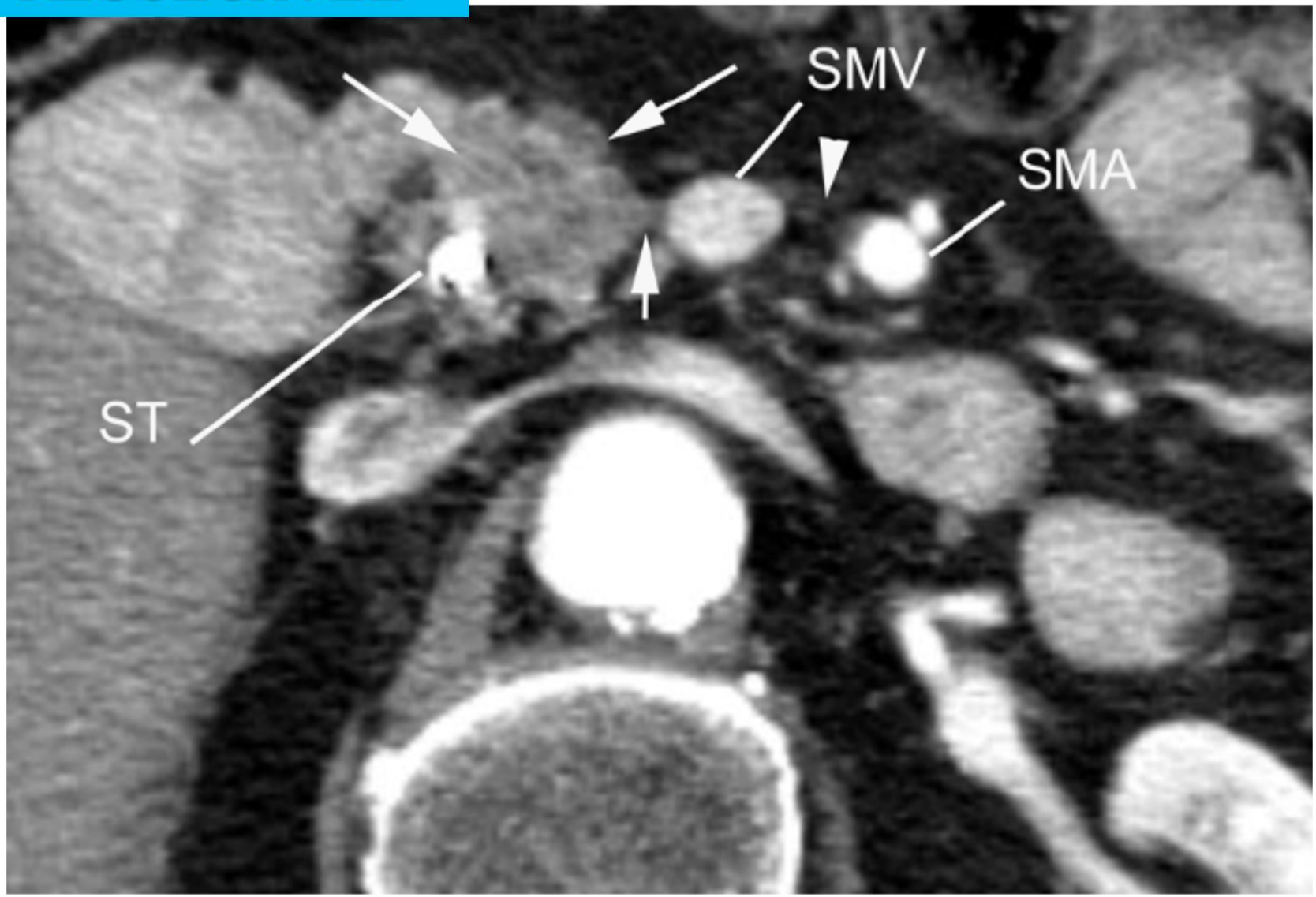
Vessel Involved	MDACC	AHPBA/SSO/ SSAT	NCCN/ISGPS	Moffitt
SMA	Abutment	Abutment	Abutment	Abutment
CHA	Abutment or short segment encasement	Abutment or short segment encasement	Abutment without extension to celiac or HA bifurcation	Abutment or short segment encasement
Celiac axis	Abutment	No abutment or encasement	No contact	Not specified
SMV-PV confluence	Short-segment occlusion amenable to reconstruction	Abutment, encasement, or occlusion amenable to reconstruction	Abutment or encasement amenable to reconstruction	Abutment or encasement amenable to resection

DEFINIÇÃO MD ANDERSON

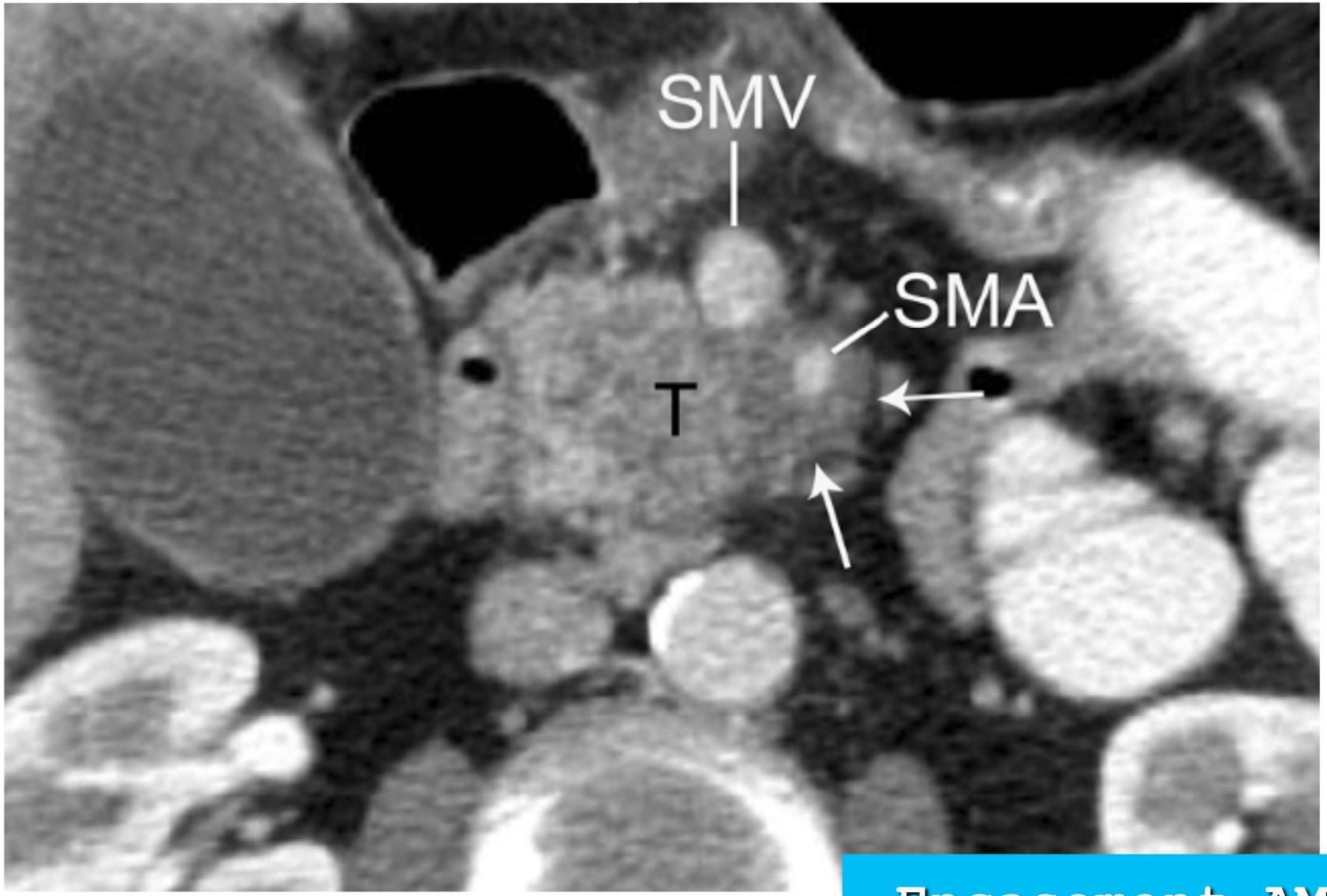
Table 54.1. M.D. Anderson definitions for the preoperative staging of localized pancreatic cancer. *SMA* Superior mesenteric artery, *SMV/PV* superior mesenteric vein/portal vein

Vessel	Resectable	Borderline resectable	Locally advanced
SMA	Normal tissue plane between tumor and vessel	Tumor abutment ≤180° or ≤50% of the circumference of the artery	Tumor encasement (>180°)
Celiac axis/ common hepatic artery	Normal tissue plane between tumor and vessel	Short-segment encasement or abutment of the common hepatic artery (typically at the gastroduodenal origin)	Tumor encasement (>180°) of the celiac axis
SMV/PV	Patent SMV/PV confluence	Short-segment occlusion with suitable vessel above and below to allow for resection and reconstruction	Occlusion with no technical option for reconstruction

RESSECÁVEL

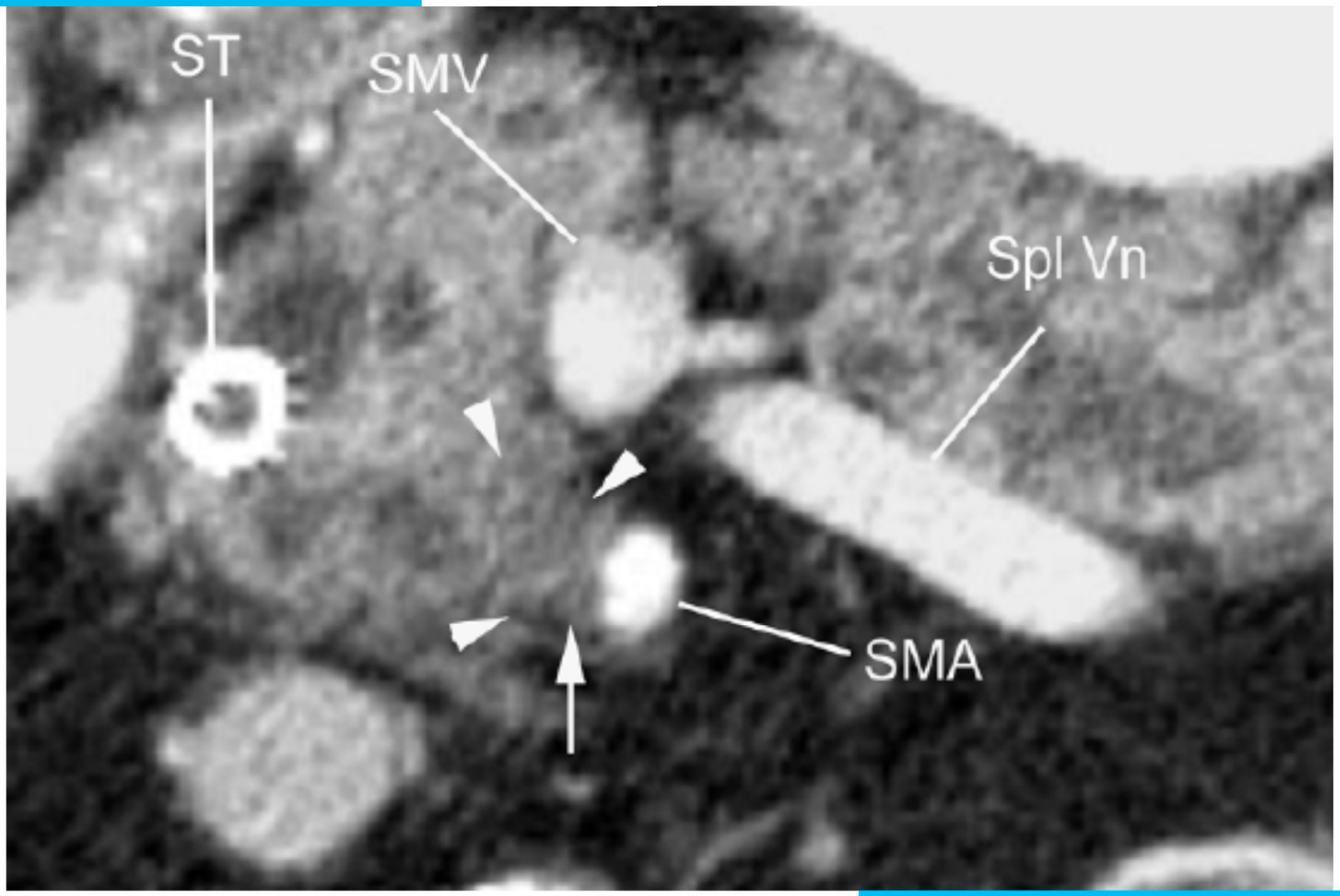


LOCALMENTE AVANÇADO



Encasement AMS

BORDERLINE



Abutment AMS

Neoadjuvância

- Tratamento precoce da micrometástase
  - Responsável por recidiva

> probabilidade de completar o tratamento

- 20-45% não completam (Adjuvância)
  - **Complicações PO**
  - **Deterioração do PS**
  - **Comorbidades**
  - **Recorrência precoce**

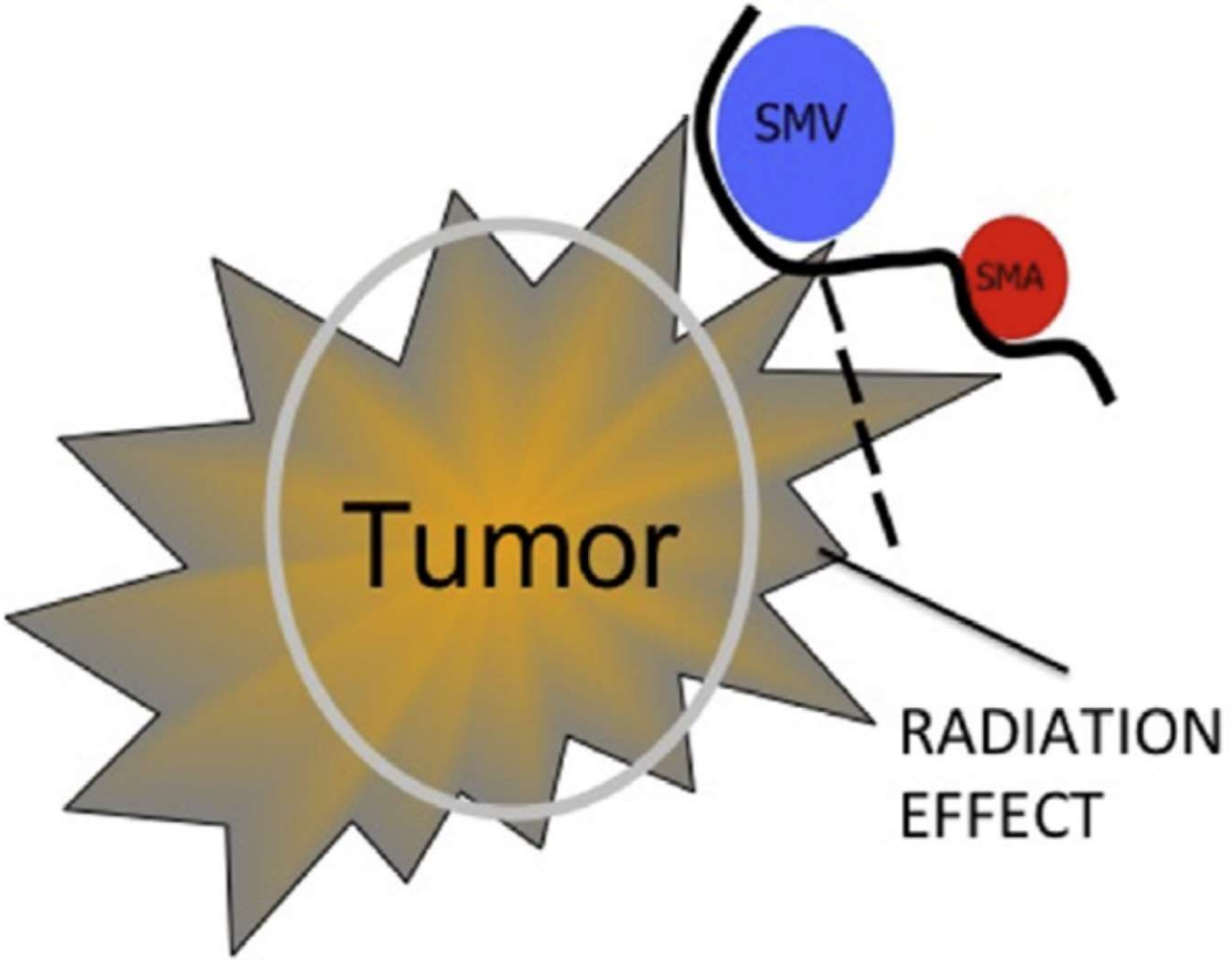
- Induz regressão tumoral
  - Reduz o risco de ressecção R1

Bittoni A, et al. Gastroent Res Pract 2017

Neoadjuvância

- Melhor tolerância do paciente à QT
- Menor risco de implante na cirurgia
- Chance de avaliação da sensibilidade
- Melhor seleção do paciente:
  - Identifica progressão rápida
  - Caracteriza doença disseminada
  - Estabelece pior prognóstico
  - Improvável benefício cirúrgico

Bittoni A, et al. Gastroent Res Pract 2017



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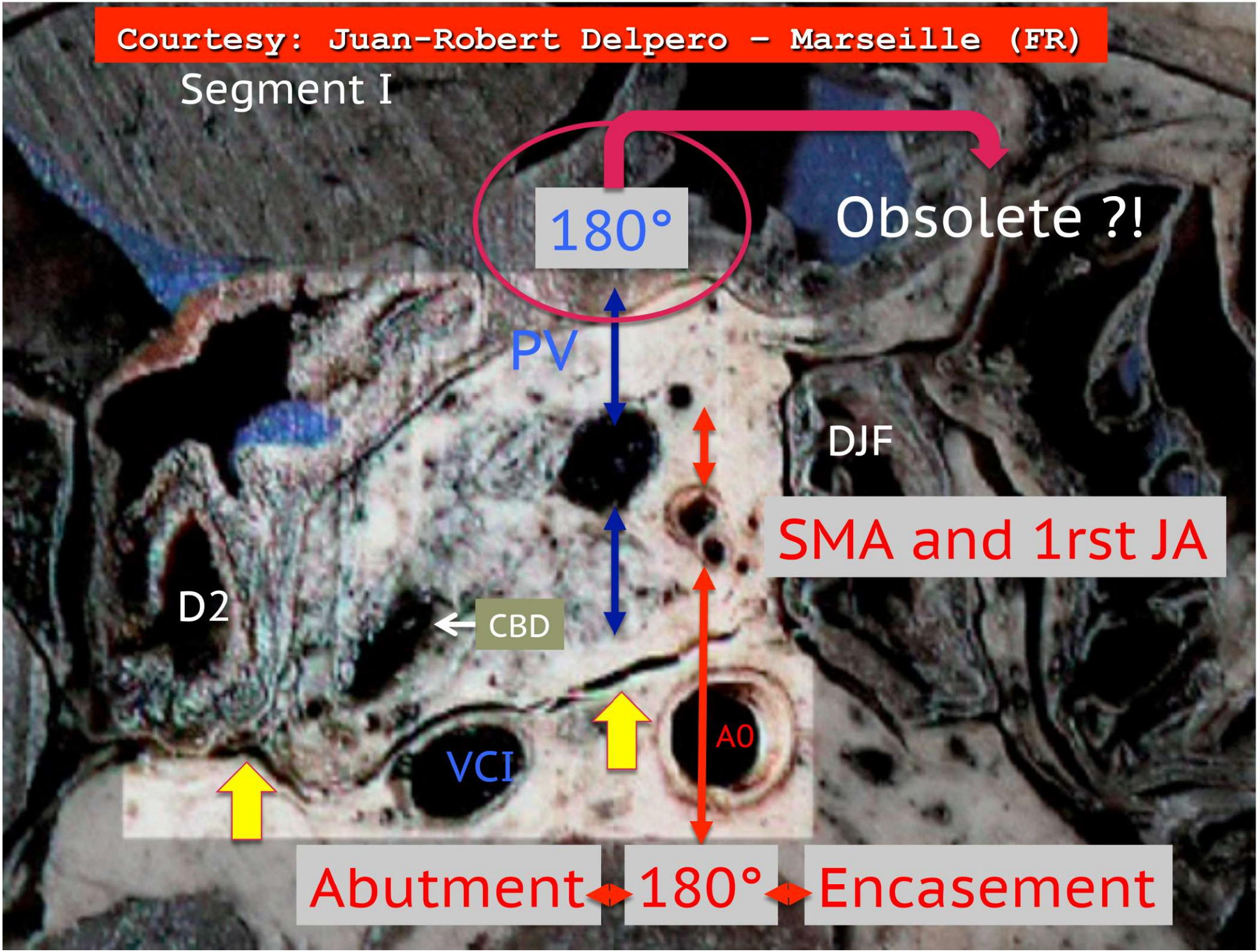

Courtesy: Juan-Robert Delpero - Marseille (FR)
Segment I
180°
Obsolete ?!
PV
DJF
SMA and 1rst JA
D2
CBD
VCI
A0
Abutment
180°
Encasement

Neoadjuvância - Estudos

Ann Surg Oncol
DOI 10.1245/s10434-017-5975-3

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – PANCREATIC TUMORS

Analysis of Perioperative Chemotherapy in Resected Pancreatic Cancer: Identifying the Number and Sequence of Chemotherapy Cycles Needed to Optimize Survival

Irene Epelboym, MD[1], Mazen S. Zenati, MD, PhD[2], Ahmad Hamad, MD[1], Jennifer Steve, BS[1], Kenneth K. Lee, MD[1], Nathan Bahary, MD, PhD[3], Melissa E. Hogg, MD[1], Herbert J. Zeh, MD[1], and Amer H. Zureikat, MD[1]

[1]Division of Surgical Oncology, University of Pittsburgh Medical Center, Pittsburgh, PA; [2]Department of Surgery and Epidemiology, University of Pittsburgh, Pittsburgh, PA; [3]Department of Medical Oncology, University of Pittsburgh Medical Center, Pittsburgh, PA

Epelboym I, et al. Ann Surg Oncol 2017.

Neoadjuvância - Estudos

Strahlenther Onkol (2015) 191:7–16
DOI 10.1007/s00066-014-0737-7

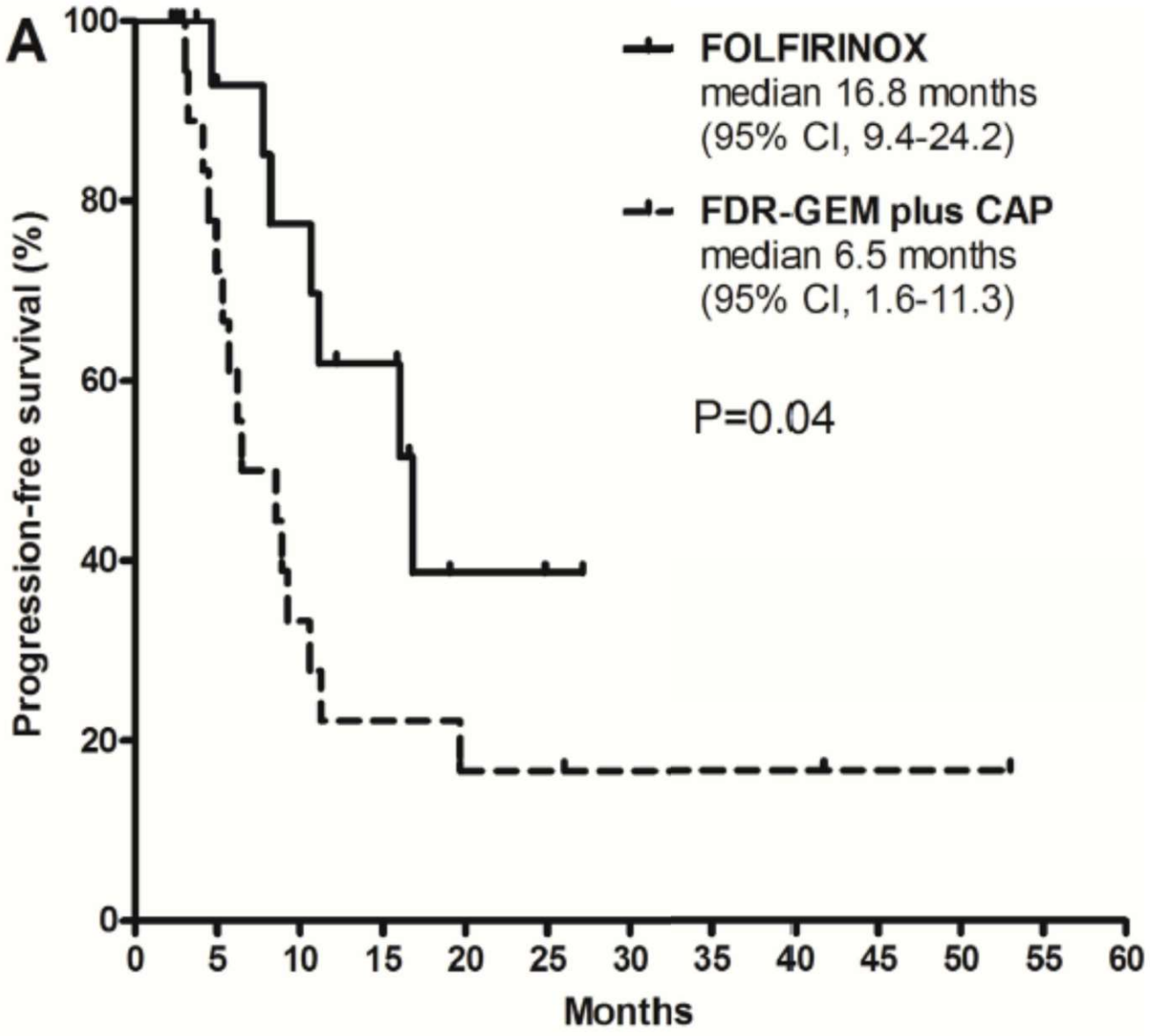
ORIGINAL ARTICLE

Neoadjuvant chemoradiation therapy with gemcitabine/cisplatin and surgery versus immediate surgery in resectable pancreatic cancer

Results of the first prospective randomized phase II trial.

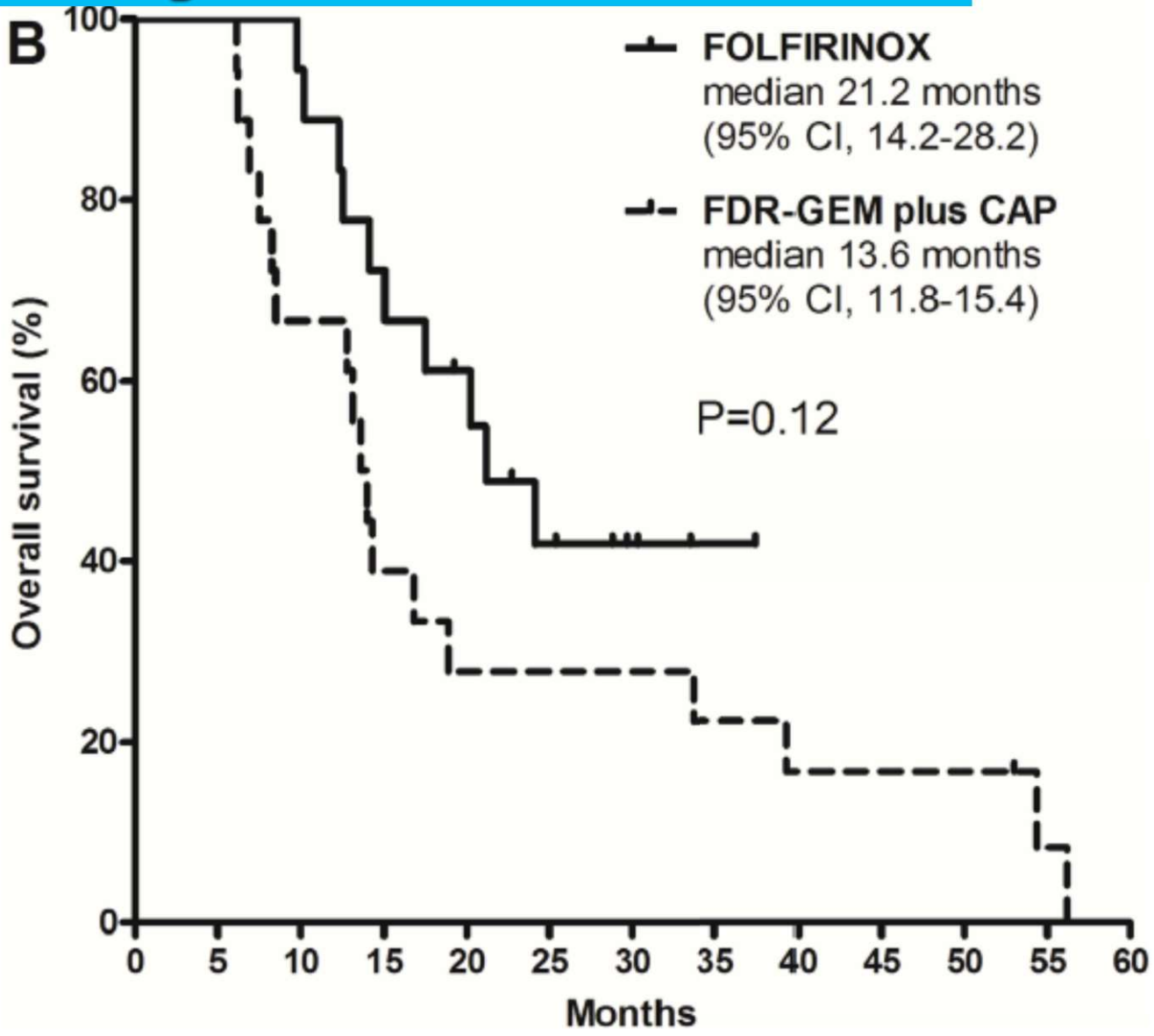
Henriette Golcher · Thomas B. Brunner · Helmut Witzigmann · Lukas Marti · Wolf-Otto Bechstein · Christiane Bruns · Henry Jungnickel · Stefan Schreiber · Gerhard G. Grabenbauer · Thomas Meyer · Susanne Merkel · Rainer Fietkau · Werner Hohenberger

Neoadjuvância - Estudos



Yoo C, et al Oncotarget 2017;8:46337-47

Neoadjuvância - Estudos



Yoo C, et al Oncotarget 2017;8:46337-47

Neoadjuvância - Estudos

Invited Commentary

Neoadjuvant Treatment in Locally Advanced and Borderline Resectable Pancreatic Cancer vs Primary Resectable Pancreatic Cancer

Marco Del Chiaro, MD, PhD; Roberto Valente, MD; Urban Arnelo, MD, PhD

Preoperative chemotherapy and/or chemoradiation is considered today the standard of care for the treatment of locally advanced/borderline resectable pancreatic cancer (PDAC).[1]

With this regard, terms such as *downstaging* and *neoadjuvant* are commonly reported in medical literature and mutually used as synonyms to address preoperative treatment. A first important issue that should be pointed out is a matter of definitions.

By contrast, preoperative chemotherapy and/or chemoradiation is still not the gold standard for the treatment of primary resectable pancreatic cancer. As Cloyd et al[5] showed, the low rate of complete or significant pathologic response is the best theoretical background to discourage the extensive use of neoadjuvant treatment outside of clinical trials for the treatment of primary resectable PDAC. To

Del Chiaro M, et al. Jama Surg 2017.

Neoadjuvância

- Complicações:
  - Descompressão da via biliar
  - Biópsia
- Benefícios
  - Questionáveis
- Estudos retrospectivos
- Futuro:
  - Estudos prospectivos randomizados
  - Metanálises

Del Chiaro M, et al. Jama Surg 2017.

Nada de novo:

- Not really new :

- The unresolved problem of the homogeneous definition of resectability
- How can we still see articles about BR PDAC operated « upfront » without any neoadjuvant therapy? **Despite :**

ASCO RECOMMANDATIONS – april 2017
among other recent data

O Que o cirurgião moderno precisa saber:

- TEMPERO (JNCCN 2017)
- KHORANA (J CLIN ONCOL 2017)
- ISAJI (PANCREATOLOGY 2018)
- KANG (Pancreatology 2018)

- NCCN 2 2016 ; AHPBA – SSAT ; MD ANDERSON; French recommandations

ASCO RECOMMENDATIONS - April 2017

Clinical significance of defining borderline resectable pancreatic cancer

Mee Joo Kang [a], Jin-Young Jang [b], Wooil Kwon [b], Sun-Whe Kim [b, *]

« Although the recent evolution of surgical techniques is expanding the scope of technical resectability, it should not be overlooked that the disease entity must be defined based on the evidence of oncological curability »

Pancreatology. 2018 Mar ; 18 : 139-145

JOURNAL OF CLINICAL ONCOLOGY | ASCO SPECIAL ARTICLE

Potentially Curable Pancreatic Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update

Khorana et al. **J Clin Oncol**. 2017 Jul 10 ; 35(20) : 2324-2328

Recommendation 2.1 : Primary surgical resection of the primary tumor and regional lymph nodes is recommended for patients who meet all of the following criteria :

...

no radiographic interface between primary tumor and mesenteric vasculature on high-definition cross-sectional imaging

...

(Type: evidence based, benefits outweigh harms ; Evidence quality : intermediate; Strength of recommendation : strong).

JOURNAL OF CLINICAL ONCOLOGY ASCO SPECIAL ARTICLE

Khorana et al. **J Clin Oncol**. 2017 Jul 10 ; 35(20) : 2324-2328

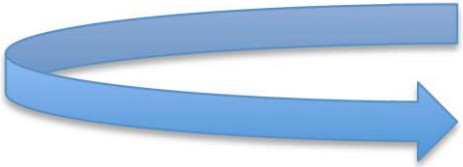
Recommendation 3.1: Preoperative therapy is recommended

If resectable…

…But perfromance status not (currently) avalaible

…But CA 19-9 suggestive of Metastatic disease

Recommendation 3.2: Preoperative therapy should be offered as an alternative treatment strategy for any patient who meets all criteria in Recommendation 2.1 (Type: evidence based, benefits outweigh harms; Evidence quality: low; Strength of recommendation: strong).



Clinical trial

VIII CONGRESSO BRASILEIRO DE CIRURGIA DO FÍGADO, PÂNCREAS E VIAS BILIARES

CB-IHPBA 2017

SAVE THE DATE

7 a 9 de setembro de 2017

PORTO ALEGRE

Participe do mais importante Congresso de Cirurgia do Fígado, Pâncreas e Vias Biliares do país.

Prepare seus temas livres.

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