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THE ROLE OF NEOADJUVANT CHEMOTHERAPY (NCT) IN THE TREATMENT OF PATIENTS WITH RESECTABLE PANCREATIC CANCER.

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Background : The use of nCT in the group of resectable tumors is an open question. There are isolated published data from randomized studies on its effectiveness, in the form of an increase in the frequency of R0-resection, the effect on survival has not been assessed.

Methods : The presented study is a single-center, prospective clinical trial. The primary endpoint is desease-free survival (DFS). Patients with pancreatic adenocarcinoma that meets the resectability criteria(n=64) are randomized in a 1:1 ratio either to the control group or to the experimental group.

Results : The median follow-up time was 56.7 months. The median DFS was 10.7 months (95% CI 6.9-13.7) in the control group and 14.9 months (95% CI 6.4-19.4) in the nCT group (p=0.035). The median OS was 16.9 months (95% CI 7.9-20.4) in the control group and 21.7 months (95% CI 12.4-24.4) in the nCT group (p=0.031). The surgical resection rate was 71.8% in the control group and 84.6% in the nCT group (p=0.017). The R0-resection rate was 57% in the control group and 81.2% in the nCT group (p=0.037). The frequency of postoperative complications according to Clavien-Dindo (III-IV) was 28.5% in the control group and 18% in the nCT group (p=0.72).

Conclusions : The study demonstrated statistically significant superiority in the nCT group in terms of survival, resectability and the rate of R0 resections. The rate of postoperative complications did not differ statistically between the groups. Thus, nCT for resectable pancreatic cancer is a promising method that can potentially improve the treatment outcomes of patients with pancreatic cancer.

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