

Pancreatic Cancer: Improved Surgical Results and Results of Multicenter Randomized Control Trial for Adjuvant Chemotherapy

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More than one hundred years have passed since the first successful distal pancreatectomy for pancreatic cancer by Trendelenbourg. Prototypes of modern pancreatectomies appeared by the middle of the last century. Since then surgeons have intended to treat pancreatic cancer with surgical resection. However, early attempts of pancreatectomy were associated with inordinate risk. Postoperative morbidity was more than 50% and considerable number of patients succumbed to complications. Although potentially hazardous anastomotic leak at the pancreaticoenterostomy still is not infrequent, the mortality associated with anastomotic leaks has decreased dramatically.

Historically, high mortality and poor long-term results put the role of pancreatectomy for ductal pancreatic cancer in doubt. Some surgeons recommended bypass operations rather than radical resection until 1980s. It is, however, unequivocal that operative resection offers the only possibility for cure. Under the influence of regional pancreatectomy advocated by Fortner, many Japanese institutions attempted radical resection from early 1980s and some of them reported improved results. We have been challenging ductal pancreatic cancer with extended procedures and adjuvant use of intraoperative radiation since 1990. The actuarial 5-year survival for 116 patients underwent radical pancreatectomies for ductal pancreatic cancer between 1990 and 1998 was 20.1% and perioperative mortality rate was 2.6%. They were significantly better than those in 1980s for all that proportion of advanced cases was larger. Our results indicate that secured local clearance has definite role in increasing survivors.

On the other hand, the role of adjuvant treatment in pancreatic cancer remains uncertain. Adjuvant chemoradiotherapy has been considered effective in USA based on the results of

randomized controlled trial (RCT) conducted by gastrointestinal tumor study group (GITSG). However, recent European studies did not support it. We conducted multicenter RCT to evaluate efficacy of adjuvant chemotherapy using 5FU and cisplatin after curative resection of pancreatic cancer. Eighty-nine patients were registered from ten Japanese institutions. Survival of patients with adjuvant chemotherapy was not significantly better than that of those without adjuvant treatment.

In conclusion, only secured local clearance by experienced hands has established role in treatment of resectable pancreatic cancer at present. Adjuvant treatments have to be carried out in trial settings.