

Chemoradiotherapy vs. chemotherapy for locally advanced pancreatic cancer

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Axial CT image with i.v. contrast. Macrocystic adenocarcinoma of the pancreatic head. Credit: public domain

dose] plus the chemotherapy drug capecitabine).

A total of 442 of the 449 patients enrolled underwent the first randomization. Of these, 269 underwent the second randomization. With a median follow-up of 36.7 months, the researchers found no [survival benefit](#) of chemoradiotherapy compared with chemotherapy, with median overall survival from the date of the first [randomization](#) of 15.2 months and 16.5 months, respectively. Also, there was no significant difference in overall survival with gemcitabine (13.6 months) compared with gemcitabine plus [erlotinib](#) (11.9 months).

More information: *JAMA*, [DOI: 10.1001/jama.2016.4324](#)

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In a study appearing in the May 3 issue of *JAMA*, Pascal Hammel, M.D., of Beaujon Hospital, Clichy, France and colleagues assessed whether chemoradiotherapy improves overall survival of patients with locally advanced pancreatic cancer controlled after 4 months of gemcitabine-based induction chemotherapy, and assessed the effect of erlotinib on survival. Gemcitabine and erlotinib are drugs used to treat cancer.

In locally advanced pancreatic cancer, the role of chemoradiotherapy is controversial and the efficacy of erlotinib is unknown. For this study, the researchers first randomly assigned 449 [patients](#) to receive gemcitabine alone (n = 223) and 219 patients received gemcitabine plus erlotinib. In the second randomization involving patients with progression-free disease after 4 months, 136 patients received 2 months of the same chemotherapy and 133 underwent chemoradiotherapy (54 Gy [a measure of radiation

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