ASCO updates recs on potentially curable pancreatic cancer

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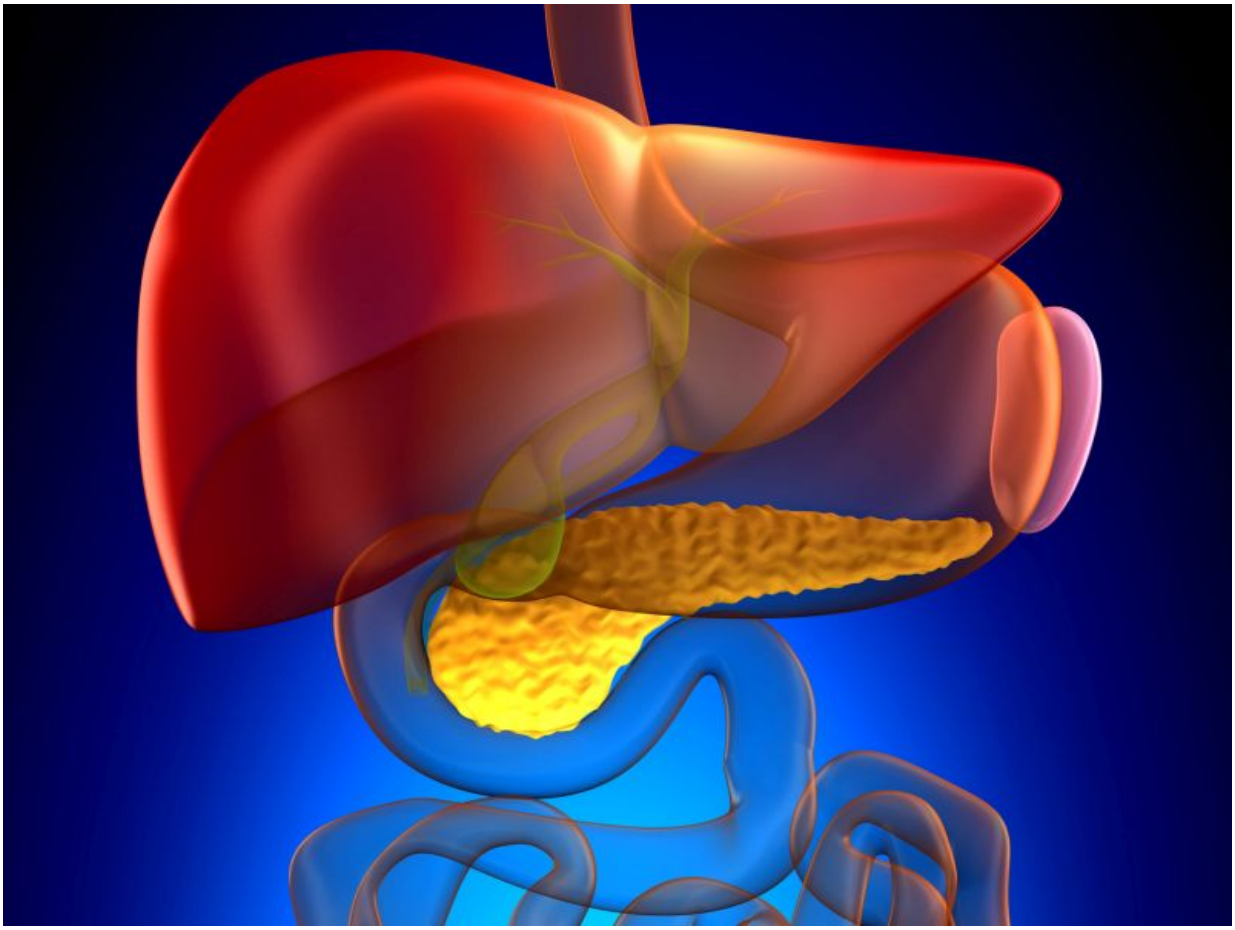

(HealthDay)—Guidelines relating to the appropriate adjuvant regimen

for patients with pancreatic cancer have been updated in light of new evidence, according to a special article published online April 11 in the *Journal of Clinical Oncology*.

Alok A. Khorana, M.D., from the Cleveland Clinic, and colleagues reviewed recent evidence from the ESPAC-4 multicenter, international phase III trial to revise guideline recommendations regarding the appropriate adjuvant regimen for patients with pancreatic cancer who have undergone an R0 or R1 resection of their primary tumor. The study compared gemcitabine and capecitabine with gemcitabine monotherapy in 730 evaluable patients.

The researchers found that median overall survival was improved to 28.0 months in the doublet arm, compared with 25.5 months in the gemcitabine-alone arm (hazard ratio, 0.82). Both arms had similar grade 3 and 4 adverse events. Based on these findings, the authors recommend that patients with resected pancreatic cancer who did not receive preoperative therapy should be offered six months of adjuvant chemotherapy. In the absence of concerns for toxicity or tolerance, the doublet regimen of gemcitabine and capecitabine is preferred; monotherapy with gemcitabine or fluorouracil plus folinic acid can be offered as an alternative. Assuming complete recovery, adjuvant treatment should be initiated within eight weeks of surgical resection.

"The doublet regimen of gemcitabine and capecitabine has shown improvement in survival, as demonstrated in a randomized trial with appropriate data and safety monitoring, and is therefore preferred," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract
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