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Pancreatic Cancer: Regional treatment could be the breakthrough

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Background: The treatment of pancreatic carcinoma remains a challenge as prognosis is poor, even if confined to a single anatomical region. High drug concentrations at the tumor site can result in good response, but the unaffected parts of the body tolerate only low exposure to drugs. Thus, a regional treatment of pancreatic cancer may increase response behaviour. Intra-arterial administration of drugs generates homogenous drug distribution throughout the entire tumor volume.

Methods: We report on treatment outcome of 452 patients with advanced pancreatic carcinoma (WHO stage III: 172 patients, WHO stage IV: 280 patients). Patients have been separated to two different treatment protocols. The first group (n = 346 patients) has been treated via angiographically placed celiac axis catheters. The second group (n = 106 patients) had upper abdominal perfusion (UAP) with stopflow balloon catheters in aorta and vena cava.

Both groups have been treated with a combination of cisplatin, adriamycin and mitomycin.

Results: For stage III pancreatic cancer, median survival rates of 8 and 10 months were reached with IA and UAP treatment, respectively. For stage IV pancreatic cancer, median survival rates of 7 and 8.5 months were reached with IA and UAP treatment, respectively. Resolution of ascites has been reached in all cases by UAP treatment. Toxicity was generally mild, WHO grade I or II, toxicity grade III or IV was only noted in patients with severe systemic pretreatment. The techniques, survival data and detailed results are demonstrated.