CONSENSUS STATEMENTS

THE MANAGEMENT OF RESECTABLE, BORDERLINE RESECTABLE AND LOCALLY ADVANCED PANCREATIC ADENOCARCINOMA
(M. Moser, M. Ho, D. Schellenberg)

1) What is the role of loco-regional therapy in inoperable pancreatic cancer?
   - In the absence of metastatic disease, inoperable disease should be assessed and determined by an HPB surgeon with experience in pancreas cancer.
   - Systemic therapy should be offered to appropriate patients. If local regional therapy is to be considered, it should be done in the context of multi-disciplinary review.

2) What is the current role of neoadjuvant therapy in operable pancreatic cancer?
   - Currently, there is no role for routine neoadjuvant therapy in operable pancreatic cancer outside of a clinical trial.

3) What is the preferred adjuvant therapy in resected pancreatic cancer?
   - The combination of Gemcitabine and Capecitabine has shown an increase in survival and should be a standard of care. Single agent Gemcitabine or 5FU are reasonable alternative options. In the absence of evidence, adjuvant radiation is not a standard of care in margin positive disease.

THE MANAGEMENT OF METASTATIC PANCREATIC CANCER
(C. Kim, D. Schaeffer)

4) What is the role of biomarkers in the management of pancreatic cancer?
   - Pancreatic biomarkers are still exploratory. There are currently no validated predictive markers and should not be performed routinely.
   - CA19-9 level is a prognostic marker. It can be useful in combination with clinical assessment and imaging studies to assess treatment response.
   - There is an emerging role for BRCA mutations which may predict platinum sensitivity and MMR may predict response to immunotherapy.
5) What is the preferred first line systemic therapy in metastatic pancreatic cancer?

- Reasonable first line options include: FOLFIRINOX, nab-paclitaxel plus gemcitabine, or gemcitabine alone based on a discussion with the patient regarding patient preference, goals of care, comorbidities, toxicity and performance status
- Patients should be considered for clinical trial.
- Suitable patients who have progressed on first line FOLFIRINOX should have access to second line Gemcitabine/nab-paclitaxel.

6) What are the potential palliative procedures to address cancer-related symptoms in patients with advanced pancreatic cancer?

- Early referral for palliative supportive measures improve quality of life and symptom control.
- Early institution of palliative supportive measures improve quality of life and symptom control. Cases can be considered for multi-disciplinary review. The current procedures include but are not limited to:
  - Palliative bypass or bowel stenting should be considered for patients to maintain nutritional status
  - Neurolysis or block of the celiac plexus or palliative XRT can provide relief of pain.
  - Biliary stenting and maintenance of the stent to maintain drainage and minimize cholangitis.

7) What is the role of PET scan in the management of pancreatic cancer?

- Standard imaging modalities for staging should include contrast enhanced CT or MRI of the abdomen and CT of the chest.
- Emerging evidence suggests that the addition of PET/CT may identify occult metastases and thereby to change the treatment plan in patients who are candidate for surgery.
- Currently, the role of PET/CT in metastatic disease is not well defined.