

Ten Best Readings

Pancreatic Cancer

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Krzyzanowska MK, Weeks JC, Earle CC. Treatment of locally advanced pancreatic cancer in the real world: population-based practices and effectiveness. *J Clin Oncol.* 2003;21:3409-3414.

This analysis supports the effectiveness of cancer-directed treatment in elderly patients with locally advanced pancreatic cancer, but use is low. Receipt of treatment is strongly correlated with non-disease-related factors, especially sociodemographic characteristics, indicating possible disparities in access to care.

Moore MJ, Hamm J, Dancey J, et al. Comparison of gemcitabine versus the matrix metalloproteinase inhibitor BAY 12-9566 in patients with advanced or metastatic adenocarcinoma of the pancreas: a phase III trial of the National Cancer Institute of Canada Clinical Trials Group. *J Clin Oncol.* 2003;21:3296-3302.

This study was closed to accrual after the second interim analysis on the basis of the recommendation of the National Cancer Institute of Canada Clinical Trials Group Data Safety Monitoring Committee. The median survival for the BAY 12-9566 arm and the gemcitabine arm was 3.74 months and 6.59 months, respectively ($P < .001$; stratified log-rank test). The median progression-free survival for the BAY 12-9566 and gemcitabine arms was 1.68 and 3.5 months, respectively ($P < .001$). Quality-of-life analysis also favored gemcitabine.

Tempero M, Plunkett W, Ruiz Van Haperen V, et al. Randomized phase II comparison of dose-intense gemcitabine: thirty-minute infusion and fixed dose rate infusion in patients with pancreatic adenocarcinoma. *J Clin Oncol.* 2003;21:3402-3408.

Of the 92 patients were enrolled onto this study, 91% had metastatic disease. Time to treatment failure was comparable in both treatment groups; however, the median survival for all patients was 5.0 months in the standard arm and 8.0 months in the fixed dose rate arm. The 2-year survival rate for all patients was 2.2% (standard arm) vs 18.3% in the fixed-dose infusion.

Hu YC, Komorowski RA, Graewin S, et al. Thymidylate synthase expression predicts the response to 5-fluorouracil-based adjuvant therapy in pancreatic cancer. *Clin Cancer Res.* 2003;9:4165-4171.

High thymidylate synthase (TS) expression is a mark-

er of poor prognosis in resected pancreatic cancer. Patients with high intratumoral TS expression benefit from adjuvant therapy.

Hecht JR, Bedford R, Abbruzzese JL, et al. A phase I/II trial of intratumoral endoscopic ultrasound injection of ONYX-015 with intravenous gemcitabine in unresectable pancreatic carcinoma. *Clin Cancer Res.* 2003;9:555-561.

ONYX-015 injection via endoscopic ultrasound (EUS) into pancreatic carcinomas by the transgastric route with prophylactic antibiotics is feasible and generally well tolerated either alone or in combination with gemcitabine. Transgastric EUS-guided injection is a new and practical method of delivering biological agents to pancreatic tumors.

Fujioka S, Sclabas GM, Schmidt C, et al. Function of nuclear factor κ B in pancreatic cancer metastasis. *Clin Cancer Res.* 2003;9:346-354.

Inhibition of NF κ B signaling can suppress the angiogenic potential and metastasis of pancreatic cancer, and suggest that the NF κ B signaling pathway is a potential target for anticancer agents.

Hahn SA, Greenhalf B, Ellis I, et al. BRCA2 germline mutations in familial pancreatic carcinoma. *J Natl Cancer Inst.* 2003;95:214-221.

The data support an important role for BRCA2 germline mutations in a subpopulation of families with familial pancreatic cancer. BRCA2 mutation analysis should be included in molecular genetic testing and counseling strategies in families with at least two first-degree relatives affected with ductal adenocarcinoma of the pancreas.

Neoptolemos JP, Cunningham D, Friess H, et al. Adjuvant therapy in pancreatic cancer: historical and current perspectives. *Ann Oncol.* 2003;14:675-692.

The European Study Group for Pancreatic Cancer trial demonstrated that the current best adjuvant treatment is chemotherapy using bolus 5-fluorouracil with folinic acid. The median survival of patients randomly assigned to chemoradiotherapy was 15.5 months but the median survival in the chemotherapy arm of 19.7 months is as good or superior to multimodality treatments including intraoperative radiotherapy, adjuvant chemoradiotherapy, and neoadjuvant therapies. The use of adjuvant 5-fluorouracil

with folinic acid may be supplanted by gemcitabine but requires confirmation by ongoing clinical trials.

Briasoulis E, Pavlidis N, Terret C, et al. Glufosfamide administered using a 1-hour infusion given as first-line treatment for advanced pancreatic cancer: a phase II trial of the EORTC-new drug development group. *Eur J Cancer*. 2003;39:2334-2340.

Glufosfamide administered using a 1-hour infusion every 3 weeks has a modest activity in advanced pancreatic adenocarcinoma. Hematologic toxicity is mild, but regular monitoring of renal function is recommended.

Hunt GC, Faigel DO. Assessment of EUS for diagnosing, staging, and determining resectability of pancreatic cancer: a review. *Gastrointest Endosc*. 2002;55:232-237.

The roles of endoscopic ultrasound in evaluating patients presenting with apparently localized pancreatic cancer are reviewed.