

Can neoadjuvant treatment be justified in resectable PC?

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Lecture : Pancreatic cancer is a dismal disease and the 4th cause of cancer death in Japan. There are more than 30,000 people die from pancreatic cancer in Japan. Recent advances in systemic chemotherapy improve the survival for unresectable pancreatic cancer. However, the only chance of long-time survival for localized pancreatic cancer is curative resection.

For borderline resectable pancreatic cancer, neoadjuvant chemotherapy or chemoradiotherapy is a defacto standard in Japan. The results of RCT were reported from Korean group and Dutch group in 2018. They concluded that neoadjuvant therapy provides oncological benefit for borderline resectable pancreatic cancer.

For resectable pancreatic cancer, resection followed by adjuvant chemotherapy is standard care. However, the survival remains limited. Moreover, the upfront surgery cannot be offered to the patients due to the unresectable case found at laparotomy or delay in recovery due to postoperative complication.

Neoadjuvant therapy is one of the options for resectable pancreatic cancer, but there is no evidence of the efficacy of neoadjuvant therapy. In 2010, we established the preoperative therapy for pancreatic cancer research group (Prep group). The first study was Prep-01 trial, prospective, multicenter, single arm, phase II study. We reported the feasibility and safety of Neoadjuvant chemotherapy with gemcitabine and S-1. According to the results of Prep-01 study, we conducted the randomized control study, Prep-02/JSAP-05 trial. This trial was randomized phase II/III study of neoadjuvant chemotherapy with gemcitabine and S-1 versus upfront surgery for resectable pancreatic cancer. From January 2013 to January 2016, 364 patients were enrolled in 57 centers. The results will be opened in ASCO-GI meeting in January 2019. Now we will present the results of Prep-02/JSAP-05 trials and discuss the efficacy of neoadjuvant therapy.

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