For BRPC: is there any different strategy for BR-A or BR-PV?

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Lecture : Besides many promising retrospective data on the effect of neoadjuvant treatment for borderline resectable pancreatic cancer (BRPC), two multicenter randomized controlled trials were released showing the superior therapeutic effect compared to conventional upfront surgery.
Our previous multicenter randomized controlled trial was designed to enroll 110 patients with BRPC who were randomly assigned to gemcitabine-based neoadjuvant chemoradiation treatment (54 Gray external beam radiation) followed by surgery or upfront surgery followed by chemoradiation treatment from four large-volume centers in Korea. The primary endpoint was the 2-year survival rate (2-YSR). Interim analysis was planned at the time of 50% case enrollment. After excluding the patients who withdrew consent (n = 8) from the 58 enrolled patients, 27 patients were allocated to neoadjuvant treatment and 23 to upfront surgery groups. The overall 2-YSR was 34.0% with a median survival of 16 months. In the intention-to-treat analysis, the 2-YSR and median survival were significantly better in the neoadjuvant chemoradiation than the upfront surgery group [40.7%, 21 months vs 26.1%, 12 months, hazard ratio 1.495 (95% confidence interval 0.66-3.36), P = 0.028]. R0 resection rate was also significantly higher in the neoadjuvant chemoradiation group than upfront surgery (n = 14, 51.8% vs n = 6, 26.1%, P = 0.004). The safety monitoring committee decided on early termination of the study on the basis of the statistical significance of neoadjuvant treatment efficacy. So, neoadjuvant chemoradiation provides oncological benefits in patients with BRPC Compared to upfront surgery.
However, BRPC is a spectrum of disease not a single disease entity. Regarding definition of BRPC, there are some controversial issues especially on optimal therapeutic regimen and anatomical location (BRPC-A and V). According to recent data showed that BRPC-A showed poorer survival and early recurrence compared to BRPC-V.
In this lecture, I would like to discuss the current evidence on the treatment on BRPC according to tumor location and suggest different tumor biology and treatment policy.