ADJUVANT CHEMORADIATION IN PANCREATIC CANCER:
A SINGLE INSTITUTION EXPERIENCE
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\textbf{Background and Aim:}
Optimal adjuvant treatment of patients with localized resectable pancreatic cancer remains a matter of discussion mainly after the conflicting results of European and American trials. Adjuvant chemoradiation (CRT) aims to ameliorate local tumor control given the high frequency of post-operative close or positive margins. We report here the results of adjuvant CRT in our clinical practice in Lebanon.

\textbf{Methods:}
- Retrospective data review, 2002-2010
- 20 patients, treated with adjuvant CRT
- Median f/u: 14 months, with a minimum of 6 months
- 90\% received 45 Gy in 25 fractions of 3D conformal radiation therapy concomitantly with 5-FU/leucovorin – CDDP based CT
  (Gemcitabine for the 3 patients)

\textbf{Results:}
- 15\% were stage IB, 10\% were stage IIA and 75\% were stage IIB.
- Surgical margins were positive 35\%
- All patients had the full course of CRT
  - A total of 15 relapses (88.2\%) were recorded: 11 local relapses (68.8\%), 10 regional relapses (62.5\%) and 9 distant relapses (56.3\%).
  - By the end of our study, 4 patients (22.2\%) were still alive
  - Median DFS was about 6.2 months (95\% CI 2.3 – 10.1) with significant advantage in favour of stage IB patients (median DFS 11.8 months, mean DFS 41.6 mo)
- Median survival was 18 months with no statistical differences between stages
- Overall Survival was 34.8\% at 2 years.
- Gastro-intestinal toxicity was most frequent

\textbf{Conclusions:}
Adjuvant chemoradiation for locally resectable pancreatic cancer is one of the standards in our institution. Our results were comparable to the values of MS, median DFS and OS at 2 years found in the recent literature, with tolerable side effects. However longer follow-up and larger sample size are needed to obtain more accurate data.