Transcript Details
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New Treatment Approaches for Historically Inoperable Pancreatic Cancers

Announcer:
Welcome to ReachMD. This special program titled “New Treatment Approaches for Historically Inoperable Pancreatic Cancers” is brought to you by Mayo Clinic.

Here’s your host, Dr. William Mencia.

Dr. Mencia:
For the estimated 55,000 Americans who are diagnosed with pancreatic cancer each year, surgery was thought to be the only option that would give these patients a chance at long-term survival. Yet even then, many of these patients were considered inoperable due to a high risk of residual cancer being left behind, resulting in a poor prognosis. But a recent study is turning that conventional wisdom on its head. What that study found, and its impacts on survival time for pancreatic cancer patients, will be our focus of discussion today.

This is ReachMD, and I’m Dr. William Mencia. Joining me to discuss new treatment paradigms for historically inoperable pancreatic cancers is Dr. Chee-Chee Stucky, a surgical oncologist from Mayo Clinic.
Dr. Stucky, thanks for being here today.

Dr. Stucky:
Thank you so much for having me.

Dr. Mencia:
So, before we dive into this new research, Dr. Stucky, can you give us some background on pancreatic cancer and how it’s traditionally been treated?

Dr. Stucky:
Sure! So, as you had mentioned previously, about 55,000 people in the U.S. are diagnosed with pancreatic cancer each year. In about a third, the tumor has not spread to other organs, but has grown outside the pancreas to wrap around the major vessels in the area; considering these tumors are very difficult to remove, those who treat pancreatic cancer refer to these tumors as borderline resectable or locally advanced disease. Historically, most pancreatic cancer patients whose tumors grow outside the pancreas to encompass major veins and arteries have been told the cancer is inoperable and they should prepare for an average survival time of about 12 to 18 months.

Dr. Mencia:
So with that reference point in mind, Dr. Stucky, what can you tell us about the Mayo Clinic study that was recently conducted that looked at the comprehensive treatment of pancreatic cancer?

Dr. Stucky:
Mayo Clinic recently published a study in the Annals of Surgery that reported findings on our experience using a pre-surgery treatment plan with the goal of extending life years beyond that average survival time of 12 to 18 months. The study included 194 Mayo Clinic patients with borderline resectable or locally advanced pancreas cancer, who received chemotherapy first, followed by radiation and then surgery. An average survival time of 58.8 months, or just under five years, was achieved. This is already an exciting number given the previous expected survival of 12 to 18 months in the past. The key takeaway of the study was that patients with three specific factors had significantly longer survival times than those who did not. So, what were those factors? Number one, receiving extended

chemotherapy before surgery; meaning the more cycles they had, the longer the survival. Number two, having a CA 19-9 (which is a tumor marker) that fell to a normal level after receiving chemotherapy. And number three, once the tumor was surgically removed, and the pathologists looked at it under the microscope, the cancer was found to be all or mostly dead. So, in other words, had a complete or near complete response to the treatment.

Dr. Mencia:
What is the significance then of achieving all 3 factors, again that's extended chemotherapy before surgery, a negative CA 19-9, and complete or near complete responsive treatment, versus potentially having 2 factors? And what does that mean in terms of how we approach treatment?

Dr. Stucky:
This is a really important question. What Mayo found was that the more of these three factors patients had, the better they did. So, for example, 29% of the patients had achieved all three factors once their surgery was complete; and their median survival time has not yet been calculated, because more than half are still alive. An additional 29% had two factors achieved; and their median survival time was 58.6 months, so almost 5 years. And because these three factors are all related to chemotherapy and the tumor's response to chemotherapy, it may be possible for us to help many more patients achieve a longer survival by adjusting their chemotherapy before surgery so that we can better tailor our treatments to what will result in a greater response.

Dr. Mencia:
For those just joining us, this is ReachMD and I'm Dr. William Mencia, and here with me today is Dr. Chee-Chee Stucky, who's sharing results from a recent Mayo Clinic study following patients with historically inoperable pancreatic cancers.

So, Dr. Stucky, earlier you explained that patients who received chemotherapy followed by radiation and surgery saw much improved survival rates, but were any new surgical techniques also used in conjunction with this treatment path?

Dr. Stucky:
As a matter of fact, there were some new surgical techniques used during this study. In the past, the patients who had borderline resectable or locally advanced disease were told that the major vessels surrounded by tumor were not able to be removed. However, during this study, the surgeons took a more aggressive approach, meaning that when there was evidence that the tumor was responding well to the chemotherapy, the surgeons actually removed the vessels along with the tumor and then reconstructed those vessels. This is something that only a handful of cancer centers in the nation are currently doing, and obviously, should be done only when appropriate from a cancer standpoint, as well as only with the most experienced surgeons in order to get the best outcomes.

Dr. Mencia:
And knowing what you do now from the ongoing results of this study, has your approach to pancreatic cancer care and patient counseling changed?

Dr. Stucky:
So, Mayo has made the approach of upfront chemotherapy, followed by radiation and surgery as our standard first-line attack on pancreas cancer. But now that we have the results from this study we're able to go back to our patients and say "Hey, keep going! I know the path is hard, the chemotherapy is difficult, the radiation is difficult, and surgery is going to be hard, but ultimately we can provide more hope during this time that the end results may be really useful." That being said, we recognize the fact that the standard approach doesn't necessarily work for everyone. So, ultimately we want to offer surgery as the final step of treatment but we also want to make sure that we not doing something for the patient that's not indicated as far as their cancer care is concerned. So, we otherwise will work with our world class research team to identify great options. Obviously we're working toward the goal of extending lives but ultimately we hope to someday find the cure for this cancer.

Dr. Mencia:
Unfortunately, we're almost out of time, Dr. Stucky, but my last question to you: what would you want to make sure clinicians take away from this research and from our discussion?

Dr. Stucky:
The big take away is that we are in a very innovative and dare I say even exciting time for pancreas cancer research and the treatment of our pancreas patients for sure. So, hopefully, this discussion provides a new perspective for clinicians to consider for their patients who might have traditionally untreatable disease. Our goal at Mayo Clinic is to treat pancreas cancer aggressively, but also to consider each patient on an individual basis and tailor their care accordingly. And we can only do that by working very closely with our referring provider colleagues to ensure our patients get the best treatment options for them!

Dr. Mencia:
Well it's more than a little encouraging to hear that there may be new hope on the horizon for our patients with pancreatic cancer, and I look forward to seeing how these new findings play out in clinical practice over time. But for now, I want to thank my guest, Dr. Chee-Chee Stucky, for helping us better understand some of the latest investigations surrounding pancreatic cancer treatment and patient outcomes.

Dr. Stucky, it was great speaking with you today.

Dr. Stucky:
Thank you so much.

Announcer:
This was a special program titled: New Treatment Approaches for Historically Inoperable Pancreatic Cancers brought to you by Mayo Clinic. To access other episodes of this series, visit reachmd.com/MayoClinicInnovations. Thank you for listening to Reach MD, where you can be part of the knowledge.