

## Neoadjuvant chemotherapy in case of primary unresectable pancreatic carcinoma with consecutive resection: a case report

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### Introduction:

In case of locally advanced pancreatic cancer there is no consensus about the optimal treatment. Some trials are in process with neoadjuvant chemotherapy versus neoadjuvant radiochemotherapy. We report the case of a patient with locally advanced pancreatic cancer with neoadjuvant chemotherapy and consecutive total pancreatectomy.

### Case report:

A 58 years old female presenting with abdominal pain was diagnosed with locally advanced pancreatic cancer, histologically adenocarcinoma. The CT scan revealed a pancreatic tumor (caput/corpus) with 360° encasement of the celiac trunk without metastatic lesions. The patient was included to the „ABCSG P02 Trial“. After three cycles of FOLFIRINOX the patient was excluded from the trial because of increased liver parameters. A follow up CT scan revealed good response of the neoadjuvant chemotherapy. The interdisciplinary tumor board suggested to continue the neoadjuvant chemotherapy for additional three cycles. The restaging CT scan after six cycles showed a stable disease with no tumor progress.

After exploration a total pancreatectomy was performed successfully. Only a partial resection of the hepatic artery at the outflow of the gastroduodenal artery was necessary to remove macroscopically all tissue encasing the hepatic artery and coeliac trunk.

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**Histological result:** moderately differentiated adenocarcinoma

**Grading:** ypT3 ypN2 (10/30) Rx L0 V0 Pn1 G2 , circumferential resection margin positiv

**Postoperative tumorboard suggestion:**  
Adjuvant radio-chemotherapy

**Postoperative complication:** chyle fistula

**CT scan follow up after 4,5 months:**  
no recurrence, no metastasis

Patient died after 6 months because of spontaneous bacterial peritonitis and liver failure

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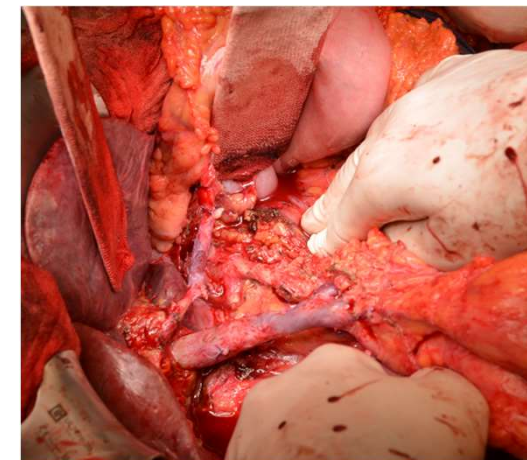
## Discussion:

The overall – survival rate in patient with pancreatic carcinoma is less than 5% and still poor. In 30-40% of the patient there is a stadium of borderline- resectable, locally advanced and unresectable pancreatic carcinoma [1].

Multiple trials revealed that neoadjuvant chemotherapy in unresectable pancreatic carcinoma can achieve secondary resectability[ 2,3,4,5,6 ]. The Accord-Trial showed a survival advantage in the Folfirinox group [7].

In our case the restaging with CT scan showed after six cycles of Folfirinox no tumor progression. Although arterial resection is associated with increased risk for perioperative mortality [8], in our case a partial resection of the hepatic artery was performed successfully.

Neoadjuvant chemotherapy offers a promising option for patients with locally advanced pancreatic cancer. However, CT scan is limited in predicting resectability. Therefore, resection should be aimed in patients without proven progress.



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