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IS REGIONAL THERAPY/METASTECTOMY STILL
CONTRAINDICATED WITH REASONABLE DISEASE
CONTROL WITH SYSTEMIC THERAPY?



Objective

- Make an argument that resection of oligometastatic pancreatic cancer is safe and potentially effective
 - The time is right to evaluate the impact of metastastectomy in the setting of clinical trials/prospective registry
- Argument is made based on:
 - Tumor biology
 - Compare and contrast to clinical trials
 - Currently available Level III evidence
- Propose a plan for next steps based on current evidence

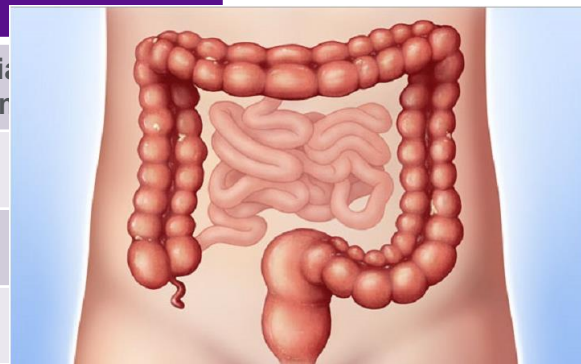
Why Colorectal?

- “Favorable” tumor biology
- Responsiveness to systemic therapy (chemotherapy and biologics)
- Agreed upon selection criteria
- Hepatectomy can be safely performed

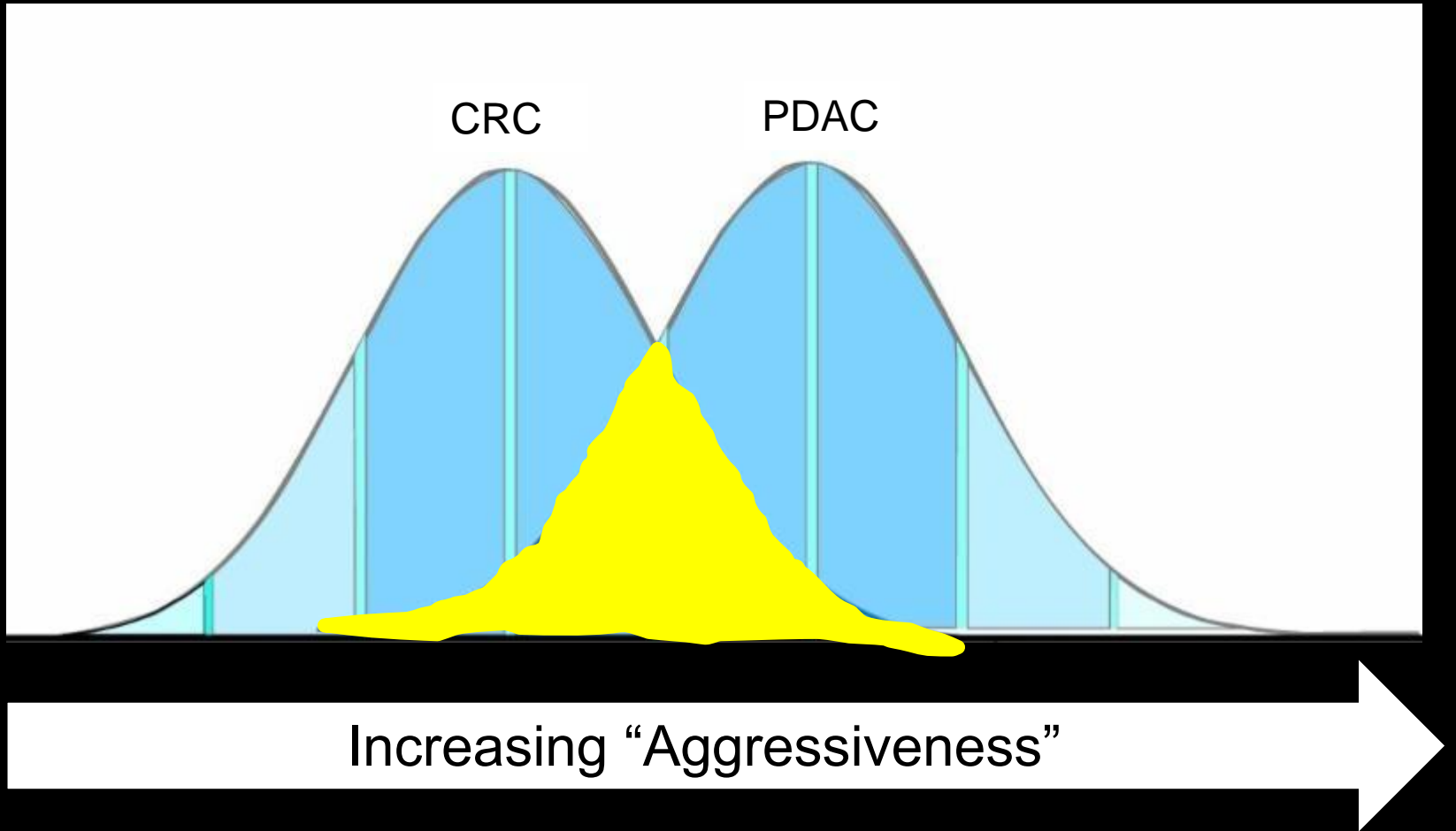
Supported by Outcomes

Resection of Colorectal Liver Metastases

Author and year	Number of patients	Five-year OS, percent	Median survival, months
Hughes KS; 1986	607	33	NR
Fong Y; 1999	1001	37	42
Choti M; 2002	133	58	NR
Abdalla E; 2004	190	58	NR
Fernandez FG; 2004	100	58	NR
Wei AC; 2006	423	47	NR
Rees M; 2008	929	36	42.5
de Jong M; 2009	1669	47	36
Morris EJ; 2010	3116	44	NR



Tumor Biology



What is our most common pattern of treatment failure after a potentially curative resection for any GI adenocarcinoma?

Distant Metastases

If we remove all gross disease...the
outcome depends on control or
eradication of micro-metastatic disease

Spectrum of Systemic Disease

Micro-Metastatic

Metastatic

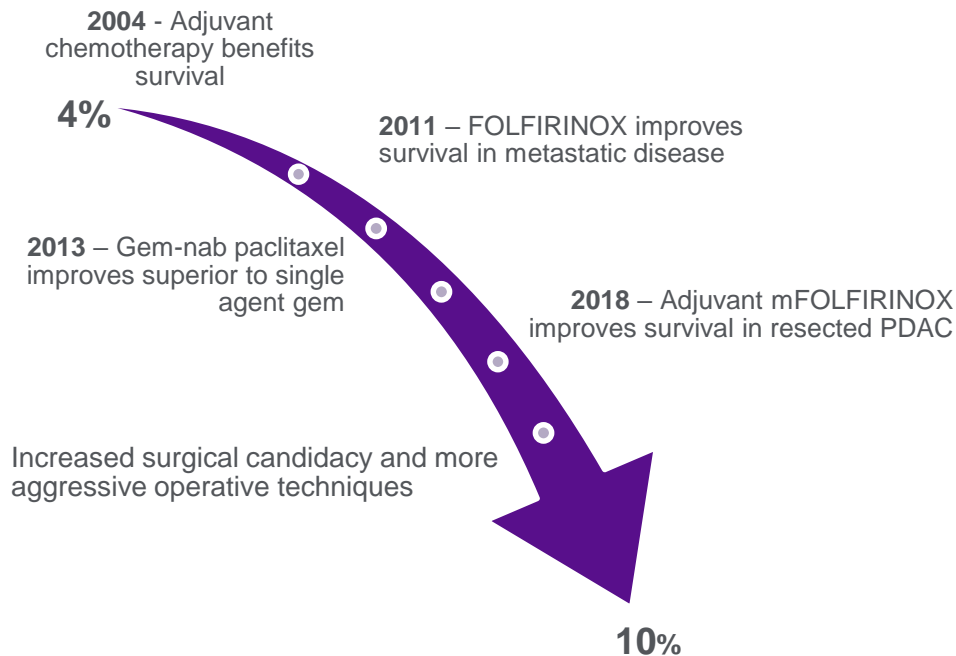
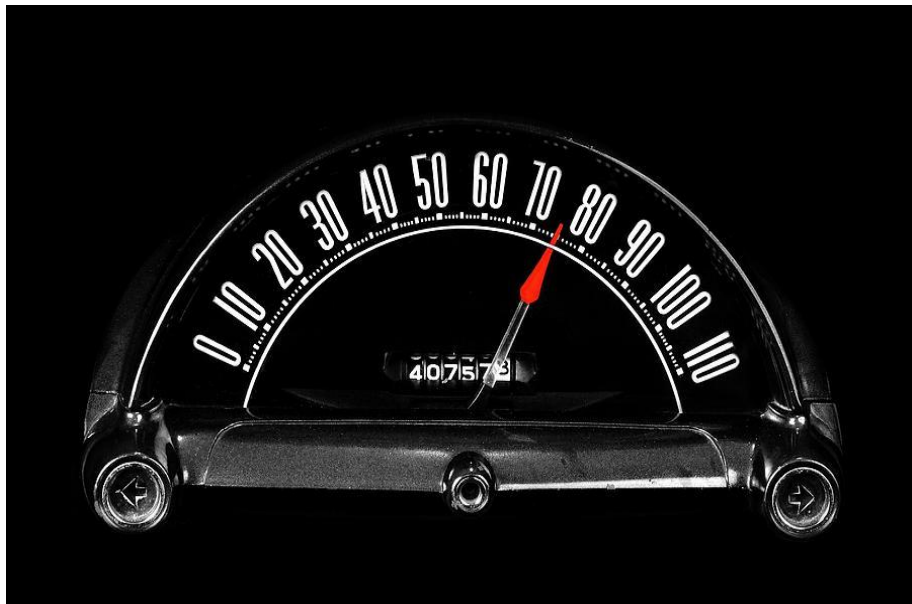


Imaging

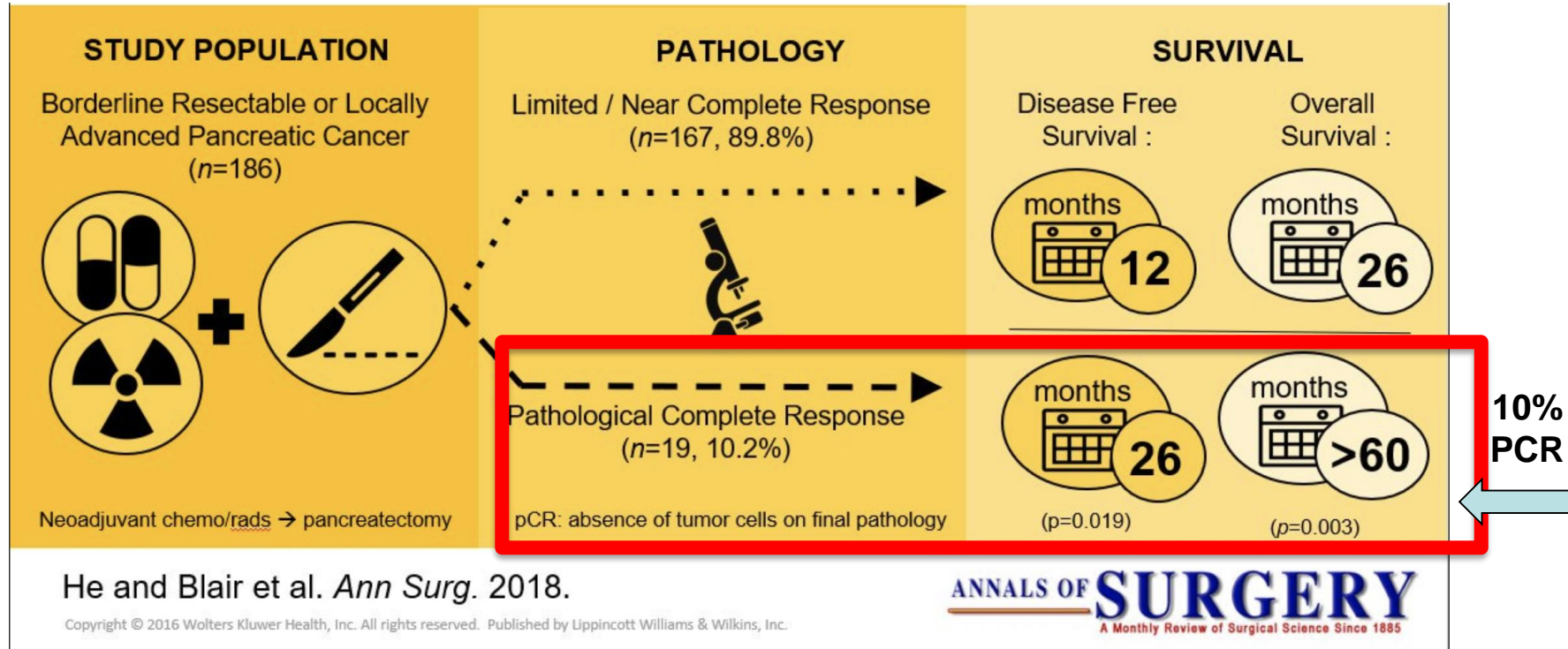
Responsiveness to Systemic Therapy

The numbers behind PDAC

- 5-year survival hitting double digits (10%)



Exceptional Responders



Selection

Ability to control/eradicate micro-
metastatic disease

and

“good biology”

Preoperative Chemotherapy (Neoadjuvant/Induction)

Imaging Response

CA19-9

Outcomes

Survival: Mixed Findings

	Year	PATIENT NUMBER (N)	SURVIVAL (MONTHS)	CHEMOTHERAPY	NOTES
GLEISNER et al	2007	17	5.9	35% received chemo	Found OS similar to matched bypass pts
SHRIKHANDE et al	2007	29	13.8	79% received chemo	Interoaortocaval, liver, peritoneal metastasis
SEELIG et al	2010	14	10.7	10% neoadjuvant	Liver, peritoneal, colon metastasis
KLEIN et al	2012	22	7.6	Gemcitabine	All incidental, no neoadjuvant
CRIPPA et al	2016	11	46	8% FOLFIRINOX	11/127 had surgery
HACKERT et al	2017	85	12.3	79.5% Gemcitabine	8.1% 5-year survival
FRIGERIO et al	2017	24	56	2/3 FOLFIRINOX	Only Complete responders

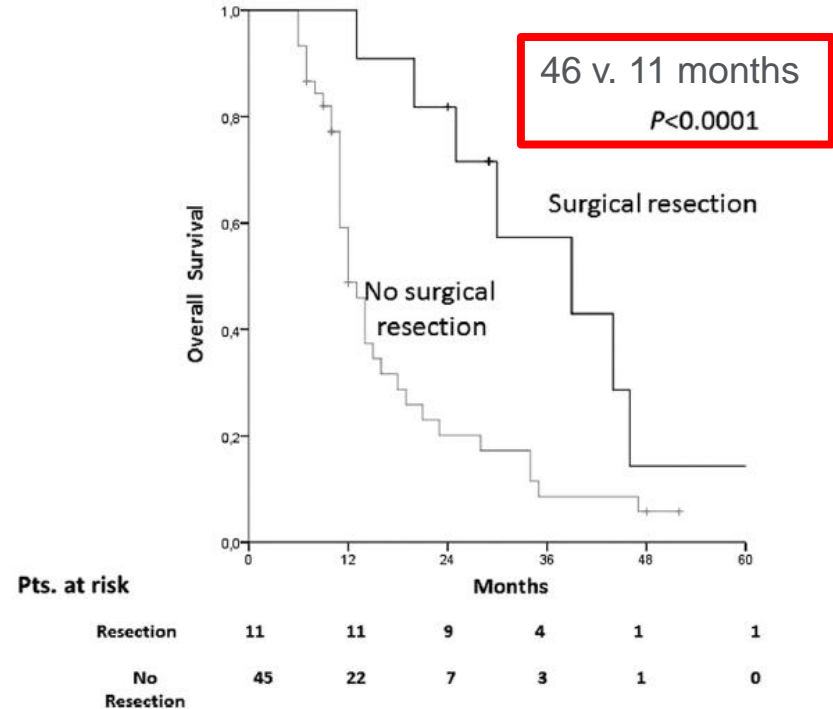


Is there a role for surgical resection in patients with pancreatic cancer with liver metastases responding to chemotherapy?

S. Crippa^a, A. Bittoni^d, E. Sebastiani^c, S. Partelli^a, S. Zanon^b,
A. Lanese^d, K. Andrikou^d, F. Muffatti^a, G. Balzano^a, M. Reni^{b,1},
S. Cascinu^{d,1}, M. Falconi^{a,*,1}

- Retrospective Analysis; 127 liver only metastases
- Gem & Gem combinations, FOLFIRINOX, PEXG, PDXG, PEFG
- 44% Clinical Significant Response (n=56)
- 11 of responders went on to resection

Responders



Conclusion

- Resection of Oligometastatic Liver (only) disease should be performed in select patients
- Conclusion based on:
 1. Comparison to colorectal cancer
 2. A subset of PDAC has favorable tumor biology
 3. Current multi-agent chemotherapy is increasingly effective
 4. Preliminary, albeit level III, evidence suggests a survival benefit of resection
- Time for a prospective analysis
 - RCT - Equipoise?
 - Biomarker guided decisions



THANK YOU

