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Abstract: To assess the impact of CA 19-9 and weight loss/gain on outcome after neoadjuvant chemoradiation (CRT) in patients with locally advanced pancreatic cancer (LAPC). We analyzed 289 patients with LAPC treated with CRT for LAPC. All patients received concomitant chemotherapy parallel to radiotherapy and adjuvant treatments. CA 19-9 and body weight were collected as prognostic and predictive markers. All patients were included into a regular follow-up with reassessment of resectability. Median overall survival in all patients was 14 months. Actuarial overall survival was 37% at 12 months, 12% at 24 months, and 4% at 36 months. Secondary resectability was achieved in 35% of the patients. R0/R1 resection was significantly associated with increase in overall survival (p = 0.04). Intraoperative radiotherapy was applied in 50 patients, but it did not influence overall survival (p = 0.05). Pretreatment CA 19-9 significantly influenced overall survival using different cutoff values. With increase in CA 19-9 levels, the possibility of secondary surgical resection decreased from 46% in patients with CA 19-9 levels below 90 U/ml to 31% in the group with CA 19-9 levels higher than 269 U/ml. This large group of patients with LAPC treated with neoadjuvant CRT confirms that CA
19-9 and body weight are strong predictive and prognostic factors of outcome. In the future, individual patient factors should be taken into account to tailor treatment.