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The Treatment of Locally Advanced Pancreatic Cancer Practice Guideline Report #2-7

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ORIGINAL GUIDELINE: June 10, 2002

MOST RECENT LITERATURE SEARCH: February 13, 2004

NEW EVIDENCE ADDED TO GUIDELINE REPORT: February 20, 2004

New evidence found by update searches since completion of the original guideline is consistent with the original recommendations.

SUMMARY

Guideline Question

What is the optimal treatment for patients with locally advanced (unresectable but non-metastatic) pancreatic cancer? The outcomes of interest were overall survival, disease-free survival, local control, adverse effects, and quality of life.

Target Population

These recommendations apply to adult patients with locally advanced (unresectable but non-metastatic) adenocarcinoma of the exocrine pancreas.

Recommendations

The intent of treatment of locally advanced pancreatic cancer is palliation in symptomatic patients and prolongation of life in medically suitable cases. The following options are appropriate:

- For medically suitable patients, current conventional practice is to offer combined chemotherapy and radiotherapy.
- Outside a clinical trial, 5-fluorouracil (5-FU) given as bolus or infusion is the preferred chemotherapeutic agent to combine with radiotherapy. The optimal mode and duration of 5-FU delivery is unclear, however infusional therapy appears to give better treatment outcome.

Qualifying Statements

- Specific anti-cancer treatments (such as resection, chemotherapy, and radiation) may be supplemented with supportive care (such as pain control, nutritional support, biliary stenting, and bowel decompression as needed) if appropriate.
- The evidence on which current conventional practice is based is relatively weak.
- Chemotherapy alone with gemcitabine is an acceptable alternative.

Update

- Supportive care alone is not recommended in patients who are medically suitable for chemotherapy and radiation treatment.

Methods

Entries to MEDLINE (1966 through February week 1, 2004), CANCELIT (1983 through October 2001), EMBASE (1996 through 2004, week 6), and Cochrane Library (2003, Issue 3) databases and abstracts published in the proceedings of the annual meetings of the American Society of Clinical Oncology and the American Society for Therapeutic Radiology and Oncology to 2003 were systematically searched for evidence relevant to this practice guideline report. Due to a decision in April 2003 by the U.S. National Library of Medicine to no longer update the CANCELIT database, as of May 2003, the CANCELIT database will no longer be searched when updating. The most recent literature search was performed in February 2004.

Evidence was selected and reviewed by two members of the Practice Guidelines Initiative Gastrointestinal Cancer Disease Site Group and methodologists. This practice guideline report has been reviewed and approved by the Gastrointestinal Cancer Disease Site Group, which comprises medical and radiation oncologists, surgeons, a pathologist, and patient representatives.

External review by Ontario practitioners was obtained through a mailed survey. Final approval of the original guideline report was obtained from the Practice Guidelines Coordinating Committee.

The Practice Guidelines Initiative has a formal standardized process to ensure the currency of each guideline report. This process consists of the periodic review and evaluation of the scientific literature and, where appropriate, the integration of this literature with the original guideline information.

Key Evidence

- There is evidence from two randomized trials that chemoradiotherapy with 5-FU provides a modest survival advantage over radiotherapy alone. One of two trials of chemoradiotherapy versus chemotherapy alone demonstrated a survival benefit for chemoradiotherapy.
- In three randomized trials, no chemotherapy regimen was shown to be superior to 5-FU in combination with radiation.
- Combination 5-FU and radiation is generally well tolerated, however, severe vomiting, mucositis, and leukopenia can occur in about 5% of patients. Although not superior to 5-FU in efficacy, other chemotherapeutic regimens appear to be more toxic.

Related Guideline

Practice Guideline Initiative Practice Guideline Report #2-10: *Use of Gemcitabine in the Treatment of Advanced Pancreatic Adenocarcinoma.*

For further information about this practice guideline report, please contact Dr. Jean Maroun, Chair, Gastrointestinal Cancer Disease Site Group, Ottawa Regional Cancer Centre, General Division, 503 Smyth Road, Ottawa, Ontario, K1H 1C4; TEL (613) 737-7700, ext. 6708; FAX (613) 247-3511.

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PREAMBLE: About Our Practice Guideline Reports

The Practice Guidelines Initiative (PGI) is a project supported by Cancer Care Ontario (CCO) and the Ontario Ministry of Health and Long-Term Care, as part of the Program in Evidence-based Care (PEBC). The purpose of the Program is to improve outcomes for cancer patients, to assist practitioners to apply the best available research evidence to clinical decisions, and to promote responsible use of health care resources. The core activity of the Program is the development of practice guidelines by multidisciplinary Disease Site Groups of the PGI using the methodology of the Practice Guidelines Development Cycle.¹ The resulting practice guideline reports are convenient and up-to-date sources of the best available evidence on clinical topics, developed through systematic reviews, evidence synthesis, and input from a broad community of practitioners. They are intended to promote evidence-based practice.

This practice guideline report has been formally approved by the Practice Guidelines Coordinating Committee, whose membership includes oncologists, other health providers, patient representatives, and CCO executives. Formal approval of a practice guideline by the Coordinating Committee does not necessarily mean that the practice guideline has been adopted as a practice policy of CCO. The decision to adopt a practice guideline as a practice policy rests with each regional cancer network, which is expected to consult with relevant stakeholders, including CCO.

Reference:

¹ Browman GP, Levine MN, Mohide EA, Hayward RSA, Pritchard KI, Gafni A, et al. The practice guidelines development cycle: a conceptual tool for practice guidelines development and implementation. *J Clin Oncol* 1995;13(2):502-12.

**For the most current versions of the guideline reports and information about the PGI and the Program, please visit the CCO Internet site at:
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