STUDI IN CORSO SULLA NEOPLASIA PANCREATICA

GRUPPO STUDIO GI

Dott.ssa A. Arcelli

IRENE

ONGOING

STUDIO INTERVENTISTICO MULTICENTRICO IN PAZIENTI AFFETTI DA ADENOCARCINOMA LOCALMENTE AVANZATO DEL PANCREAS: RADIOTERAPIA STEREOTASSICA

IRENE-1: Improving REsectability in pancreatic Neoplasms

Patients to be enrolled
first phase: 14
second phase: 11

	City/center	Referring MD	Mail	Interest to the study	Submission to HC	Approval from HC	Enrolled Patients
1.	**Bologna**/Policlinico S. Orsola-Malpighi	Morganti Arcelli Guido	amorganti60@gmail.com alearceese@hotmail.it		yes	yes	7
2.	**Roma**/IRCCS IFO Istituto Nazionale Tumori "Regina Elena"	Sanguineti	pippo.sanguineti@gmail.com DM: filomenaspasiano@gmail.com		yes	yes	0
3.	**Ancona** /Ospedali Riuniti	Mantello	gio@mobilia.it		yes	yes	0
4.	**Aviano**/SOC Oncologia Radioterapica CRO	De Paoli	adepaoli@cro.it DM: gtabaro@cro.it		yes	yes	1
6.	**Roma**/USC- Policlinico "A. Gemelli"	Mattiucci	giancarlo.mattiucci@unicatt.it		yes	no	0
7.	**Chieti** /Università degli Studi G. D'Annunzio	Genovesi	d.genovesi@unich.it DM: albinafave86@yahoo.com		no	no	0
8.	**Roma/** Policlinico Tor Vergata	Benassi	michaela.benassi@gmail.com		yes	yes	1
	TOTAL NUMBER OF PATIENTS ENROLLED						**9**

IRENE

ONGOING

STUDIO INTERVENTISTICO MULTICENTRICO IN PAZIENTI AFFETTI DA ADENOCARCINOMA LOCALMENTE AVANZATO DEL PANCREAS: RADIOTERAPIA STEREOTASSICA

IRENE-1: Improving REsectability in pancreatic Neoplasms

Centri	Pazienti arruolati	CHIRURGIA	R0
Bologna	10	2	1?
Aviano	1	0	0
Tor Vergata	1	0	0

IRENE: IMPROVING RESECTABILITY IN PANCREATIC NEOPLASMS

PROSPECTIVE, MULTICENTRIC, SPONTANEOUS, NO PROFIT STUDY

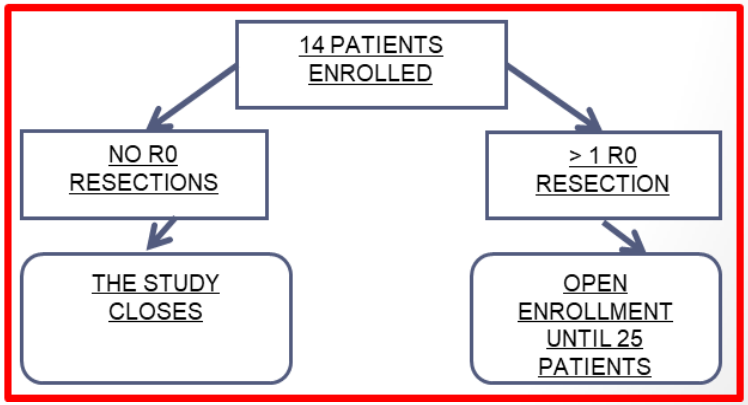
PRIMARY PUROPOSE:

- ✓ % CLINICAL RESPONSE in terms of RESECTABILITY of LAPC or BLPC at diagnosis after NEOADJUVANT SBRT

SECONDARY AIMS:

- ✓ LOCAL CONTROL
- ✓ TOXICITY
- ✓ OS
- ✓ QoL

GEHAN DESIGN:



IRENE IMPROVING RESECTABILITY IN PANCREATIC NEOPLASMS

- Fixed fields tecnique
- IMRT
- Volumetric Arc Therapy
- Cyber Knife

- ✓ SBRT after 1-2 course of CT:
  30 Gy/5 fx
- ✓ RESTAGING after 4 weeks

WHATEVER

FOLFIRINOX!

Δ RESECTABILITY

SURGERY EVALUATION according to:

LAPC!

National Comprehensive Cancer Network®

NCCN Guidelines Version 3.2017
Pancreatic Adenocarcinoma

NCCN Guidelines Index
Table of Contents
Discussion

CRITERIA DEFINING RESECTABILITY STATUS[1]

Resectability Status	Arterial	Venous
Resectable	No arterial tumor contact (celiac axis [CA], superior mesenteric artery [SMA], or common hepatic artery [CHA]).	No tumor contact with the superior mesenteric vein (SMV) or portal vein (PV) or ≤180° contact without vein contour irregularity.
Borderline Resectable[2]	Pancreatic head/uncinate process: • Solid tumor contact with CHA without extension to celiac axis or hepatic artery bifurcation allowing for safe and complete resection and reconstruction. • Solid tumor contact with the SMA of ≤180° • Solid tumor contact with variant arterial anatomy (ex: accessory right hepatic artery, replaced right hepatic artery, replaced CHA, and the origin of replaced or accessory artery) and the presence and degree of tumor contact should be should be noted if present as it may affect surgical planning. Pancreatic body/tail: • Solid tumor contact with the CA of ≤180° • Solid tumor contact with the CA of >180° without involvement of the aorta and with intact and uninvolved gastroduodenal artery thereby permitting a modified Appleby procedure [some members prefer this criteria to be in the unresectable category].	• Solid tumor contact with the SMV or PV of >180°, contact of ≤180° with contour irregularity of the vein or thrombosis of the vein but with suitable vessel proximal and distal to the site of involvement allowing for safe and complete resection and vein reconstruction. • Solid tumor contact with the inferior vena cava (IVC).
Unresectable[2]	• Distant metastasis (including non-regional lymph node metastasis) Head/uncinate process: • Solid tumor contact with SMA >180° • Solid tumor contact with the CA >180° • Solid tumor contact with the first jejunal SMA branch Body and tail • Solid tumor contact of >180° with the SMA or CA • Solid tumor contact with the CA and aortic involvement	Head/uncinate process • Unreconstructible SMV/PV due to tumor involvement or occlusion (can be due to tumor or bland thrombus) • Contact with most proximal draining jejunal branch into SMV Body and tail • Unreconstructible SMV/PV due to tumor involvement or occlusion (can be due to tumor or bland thrombus)

[1]Al-Hawary MM, Francis IR, Chari ST, et al. Pancreatic ductal adenocarcinoma radiology reporting template: consensus statement of the Society of Abdominal Radiology and the American Pancreatic Association. Radiology 2014 Jan; 270(1):248-260.
[2]Solid tumor contact may be replaced with increased hazy density/stranding of the fat surrounding the peri-pancreatic vessels (typically seen following neoadjuvant therapy); this finding should be reported on the staging and follow-up scans. Decision on resectability status should be made in these patients, in consensus at multidisciplinary meetings/discussions.