
This analysis supports the effectiveness of cancer-directed treatment in elderly patients with locally advanced pancreatic cancer, but use is low. Receipt of treatment is strongly correlated with non-disease–related factors, especially sociodemographic characteristics, indicating possible disparities in access to care.


This study was closed to accrual after the second interim analysis on the basis of the recommendation of the National Cancer Institute of Canada Clinical Trials Group Data Safety Monitoring Committee. The median survival for the BAY 12-9566 arm and the gemcitabine arm was 3.74 months and 6.59 months, respectively (*P*<.001; stratified log-rank test). The median progression-free survival for the BAY 12-9566 and gemcitabine arms was 1.68 and 3.5 months, respectively (*P*<.001). Quality-of-life analysis also favored gemcitabine.


Of the 92 patients were enrolled onto this study, 91% had metastatic disease. Time to treatment failure was comparable in both treatment groups; however, the median survival for all patients was 5.0 months in the standard arm and 8.0 months in the fixed dose rate arm. The 2-year survival rate for all patients was 2.2% (standard arm) vs 18.3% in the fixed-dose infusion.


High thymidylate synthase (TS) expression is a marker of poor prognosis in resected pancreatic cancer. Patients with high intratumoral TS expression benefit from adjuvant therapy.


ONYX-015 injection via endoscopic ultrasound (EUS) into pancreatic carcinomas by the transgastric route with prophylactic antibiotics is feasible and generally well tolerated either alone or in combination with gemcitabine. Transgastric EUS-guided injection is a new and practical method of delivering biological agents to pancreatic tumors.


Inhibition of NF κB signaling can suppress the angiogenic potential and metastasis of pancreatic cancer, and suggest that the NF κB signaling pathway is a potential target for anticancer agents.


The data support an important role for BRCA2 germline mutations in a subgroup of families with familial pancreatic cancer. BRCA2 mutation analysis should be included in molecular genetic testing and counseling strategies in families with at least two first-degree relatives affected with ductal adenocarcinoma of the pancreas.


The European Study Group for Pancreatic Cancer trial demonstrated that the current best adjuvant treatment is chemotherapy using bolus 5-fluorouracil with folinic acid. The median survival of patients randomly assigned to chemoradiotherapy was 15.5 months but the median survival in the chemotherapy arm of 19.7 months is as good or superior to multimodality treatments including intraoperative radiotherapy, adjuvant chemoradiotherapy, and neoadjuvant therapies. The use of adjuvant 5-fluorouracil
with folinic acid may be supplanted by gemcitabine but requires confirmation by ongoing clinical trials.


Glufosfamide administered using a 1-hour infusion every 3 weeks has a modest activity in advanced pancreatic adenocarcinoma. Hematologic toxicity is mild, but regular monitoring of renal function is recommended.


The roles of endoscopic ultrasound in evaluating patients presenting with apparently localized pancreatic cancer are reviewed.