

# **Pancreatic Cancer Reference Handout**

## Pancreatic Cancer Dx & Staging

### Invasive Intraepithelial Neoplasm

> 85% Ductal Adenocarcinoma  
Other: acinar cell, neuroendocrine

### Work Up

#### Imaging

Triphasic CT  
MRI/MRCP  
EUS/ERCP

#### Tumor Markers

CA19-9 (can be falsely elevated)  
CEA, CA-125

### Staging

#### T

T1 = < 2 cm  
T2 = > 2 cm  
T3 = extra-pancreatic  
T4 = involves celiac axis/SMA

#### Stage

Stage III = T4 or 4+ LN  
Stage IV = M+

Resectable 20%

No significant contact with SMA/cealic  
Surgery + Adjuvant Chemo

Borderline Resectable 40%

< 180° involvement of SMA/cealic  
Neo. ChemoRT + Surgery + Adj. Chemo

Unresectable 40%

> 180° involvement of SMA/cealic  
Distant metastases  
Chemo

## Tx Early Pancreatic Cancer

### Surgery

Head of Pancreas → Pancreaticoduodenectomy = "Whipple"  
Body/Tail of Pancreas → Distal Pancreatectomy

Adjuvant Chemo 6-12 weeks after surgery

### Adjuvant Chemotherapy

**FOLFIRINOX** (FOL) 5FU/Leucovorin  
\* preferred (IRIN) Irinotecan  
(OX) Oxaliplatin

Gemcitabine +/- Abraxane or +/- Capecitabine

## Tx Metastatic Pancreatic Cancer

### Front Line Chemo Regimens

**FOLFIRINOX** (FOL) 5FU/Leucovorin  
\* preferred (IRIN) Irinotecan  
(OX) Oxaliplatin

Gemcitabine +/- Abraxane  
Gemcitabine +/- Erlotinib  
\* gentler

### Second Line:

No FOLFIRINOX in second-line setting  
No Gemcitabine therapy if used front-line

### Special Populations:

#### BRCA/PALB/ATM/CHEK Mutations

Platinum-based chemotherapy (ex: Gem/Cis)  
PARP inhibitors (Olaparib)

#### dMMR/MSI-High

Pembrolizumab

### Notable Side Effects:

5FU → Hand-foot Syndrome (PPE), stomatitis, diarrhea, angina, alopecia, NASH  
Irinotecan → Watery secretory diarrhea, alopecia, NASH  
Oxaliplatin → Neuropathy, nephropathy, ototoxicity, cold hypersensitivity  
Gemcitabine → Edema, rash, transaminitis/hyperbilirubinemia  
Abraxane → Neuropathy, EKG changes, edema, rash  
Pembrolizumab → Dermatitis, Hepatitis, Thyroiditis, ANY "itis"