

Recent Advances in Clinical Research of Pancreas Cancer; Diagnostic Tools and Treatment

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ABSTRACT

Pancreas cancer (PDAC) is a highly lethal human cancer, with a 7% 5 year overall survival rate. Because of the difficulty of early diagnosis and unsatisfactory of the therapeutic efficacy, this lethal disease has always been an active research topic in oncological surgery. Recently, liquid biopsy has been nominated to diagnose for early stage of PDAC. The most common analytical targets are circulating tumor cells (CTCs) and DNAs (ctDNA) using blood or pancreas juice samples. Although this non-invasive technique is still experimental, liquid biopsy should be expected for the early diagnosis of PDAC, especially in high risk patients such as chronic pancreatitis or IPMN near future. A recent advantage of PDAC treatment is the nomination of an effective chemotherapeutic regimen such as FOLFIRINOX or nab-PTX+GEM. These regimens significantly improved the median survival of advanced PDAC patients with distant metastasis. Now trend of surgical option is the combination with chemotherapy. Neo-adjuvant chemotherapy might be superior, compare to adjuvant chemotherapy by recent reports. Conversion surgery in patients with advanced PDAC after chemotherapy should be one of the attractive options for not only borderline resectable cases but unresectable cases. Other targeting treatments including nano-liposomal chemotherapeutic agent and inhibition of immune check point are wildly examined. Lower invasive surgery such as laparoscopic surgery and robotics might be considering for early treatment of chemotherapies.

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