

Whipple Local Recurrence following XRT

Rajesh Ramanathan, MD
Surgical Oncology
ISIGO
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History

63yo F with jaundice with mass head of pancreas

CA 19-9: 5241 U/mL (normal <33)

EUS: Biopsy with PDAC and BRCA II mutation

CT: 3.6 x 2.4cm head mass

Encasement and distortion of the proximal portal vein

Abutment without obvious invasion of the SMA

No distant disease

Presentation



*representative image

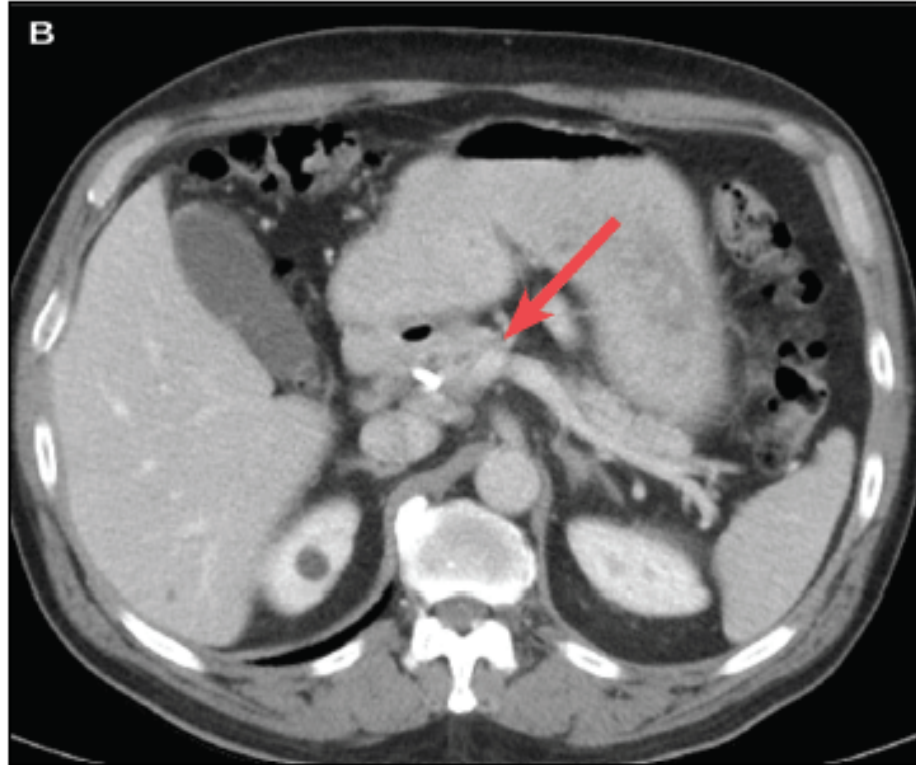
What would you do recommend?

- A) Upfront surgical resection
- B) FOLFIRINOX
- C) Gemcitabine & nab-paclitaxel
- D) Gemcitabine & cisplatin
- E) Chemoradiotherapy
- F) Something else

Patient course

- Neoadjuvant FOLFIRINOX for 9 cycles (four months)
Significant neuropathy
- Pre-NAC CA 19-9: 5241 (January)
Post-NAC CA 19-9: 89.4 (May)
- Post-treatment imaging:
Primary lesion unchanged
Portal vein involved but narrowing improved
Artery abutment present without encasement or invasion
No distant disease

Post NAC Radiology



*representative image

What would you do next

- A) Continue same chemotherapy
- B) Change chemotherapy
- C) Chemoradiation
- D) SBRT
- E) Surgical exploration

Tumor board recommendation

- SBRT, 36Gy x3 fractions over 7 days
- Pre-NAC CA 19-9: 5241 (January)
Post-NAC CA 19-9: 89.4 (May)
Post-SBRT CA 19-9: 40.9 (July)

- Imaging unchanged with no signs of progression

Patient Course

- Pancreaticoduodectomy
- Able to be divided off the portal vein without vein resection
- Pathology:
 - 0.8 cm moderately differentiated PDAC
 - Near complete histopathologic response after NAT
 - No LVI or PNI
 - 0/30 LN positives
 - All margins negative
 - ypT1N0

Post operative course

- Difficult recovery, unable to receive adjuvant chemotherapy
- 14 months post resection with soft tissue infiltration in the pancreatic bed
- CA 19-9: 1689



*representative image

What would you do next?

- a) Observation
- b) Biopsy
- c) Systemic chemotherapy
- d) Irradiation
- e) Resection
- f) Something else

Tumor board recommendation

- Due to CA 19-9 increase, believed to be recurrence
- Single-agent gemcitabine initiated

Thank you

Rajesh Ramanathan MD

Surgical Oncology

Banner MD Anderson Cancer Center

Rajesh.Ramanathan@bannerhealth.com

(217) 721 1495