A successful case of BRPC undergoing subtotal pancreatectomy with en bloc CA resection after combination gemcitabine and capecitabine with GV1001

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Introduction

Pancreatic cancer patients have a poor prognosis because of a low rate of resection that results from distant metastases or local advancement.

We report a successful case of borderline resectable pancreatic cancer in a patient who was curatively resected after combination gemcitabine and capecitabine with GV1001.

CASE

57/F, C.C: Abdominal discomfort

Past history

- 2016. pancreatitis
- 2017.1.10 pancreatic body mass
- 2017.1.12 EUS FNAC: adenocarcinoma

2017.2.6-7.10 neoadjuvant chemotherapy [Gemcitabin+ capecitabin+GV1001]

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Operation

- Subtotal pancreatectomy with splenectomy (lap→open conversion)
- CHCA severe adhesion: Enbloc celiac axis resection

Pathologic findings

2. PanIN-1 with no remnant cancer
- Pancreatic margin: Negative for malignancy.
- No regional lymph node metastasis out of 18 lymph nodes.

Images-pre op.

- Pancreas body: 2cm irregular shape enhancing mass
- Pancreatic ductal dilatation, retropancreatic space infiltration.
- Pancreatic body cancer with retropancreatic extension and splenic vessels, SMA invasion (r/o CA)

CA19-9

2017.2.6-7.10 [Gemcitabin+ capecitabin+GV1001]

Images-post op.

- No evidence of recurrence

Pancreas body mass: 2cm-> 1.8cm decreased
- Pancreatic body mass: 1.8cm->1.6cm decreased
- Tumor volume decreased

Conclusion

- Immunotheapy (GV11001):
  - Locally advanced or distant meta (survival x) < The Lancet oncology, 2014>
  - Immunotherapy can be considered selective patients such as BRPC.