UNIVERSITÄTSMEDIZIN HALLE

Medizinische Fakultät der Martin-Luther-Universität Halle-Wittenberg

UKH Universitätsklinikum Halle (Saale)

Klinik und Poliklinik für Innere Medizin I

Systemtherapie des Pankreaskarzinoms

Aktuelle Leitlinien

Sophie Rauschenberg

14.05.2025

LIVING GUIDELINE

Leitlinienprogramm Onkologie

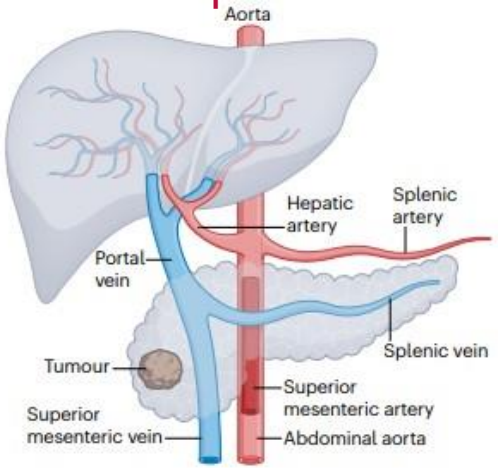
S3-Leitlinie Exokrines Pankreaskarzinom

Version 3.1 – September 2024
AWMF-Registernummer: 032-010OL

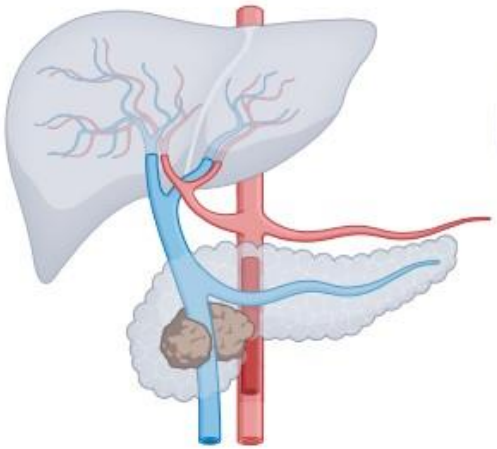
UM:H

ANATOMISCHE STADIENEINTEILUNG DES PANKREASKARZINOMS

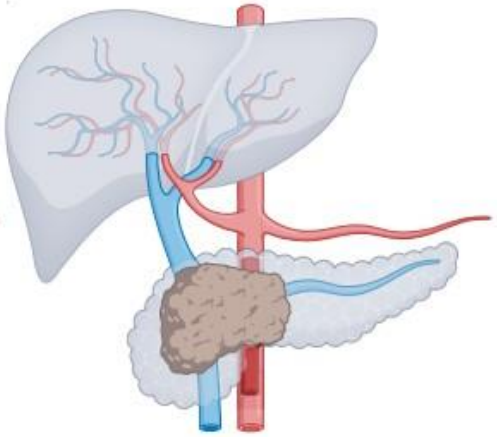
Primär operabel

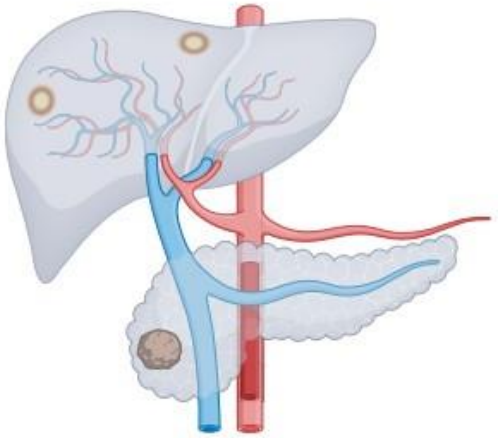


Borderline

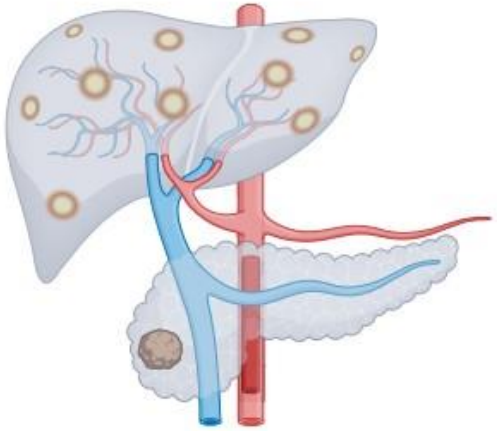


Lokal fortgeschritten





Oligometastasierung

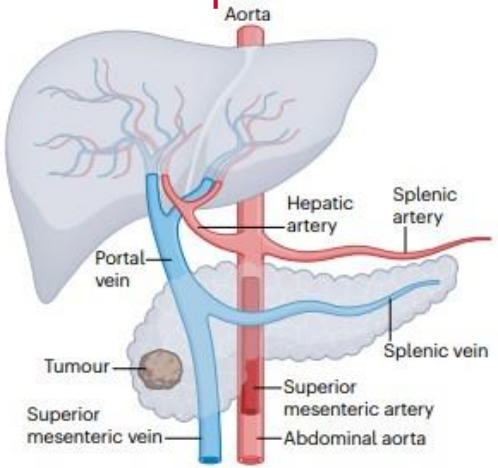


Polymetastasierung

Springfeld C et al. Nat Rev Clin Oncol. 2023

STADIENEINTEILUNG DES PANKREASKARZINOMS

Primär operabel



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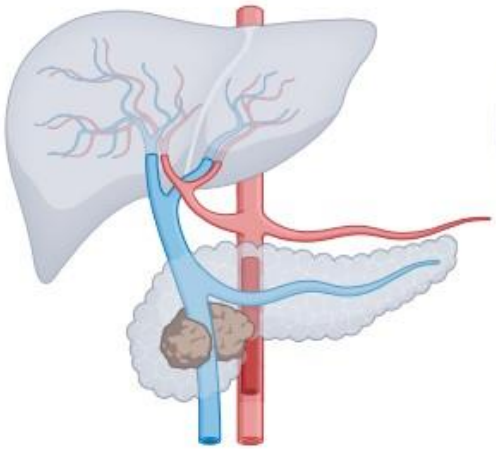
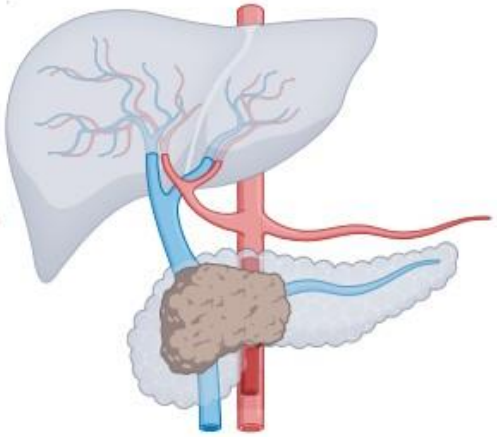
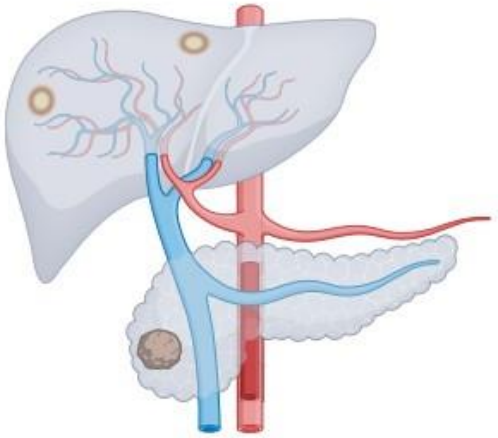
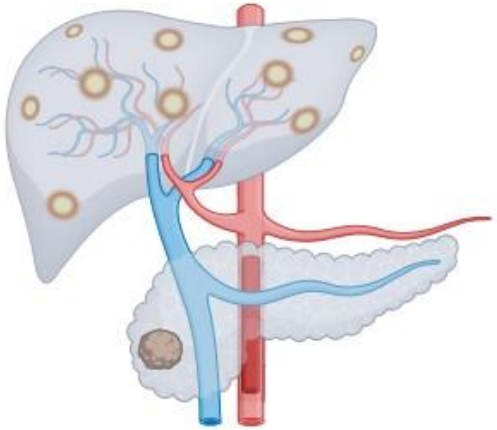


Lokal fortgeschritten





Oligometastasierung



Polymetastasierung

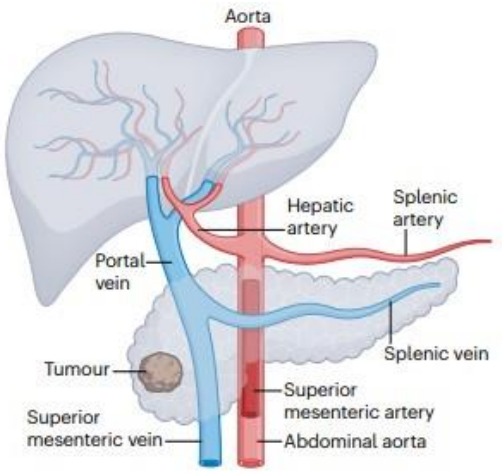
Biologisch:

- CA 19-9 > 500 IU/l
- Regionale Lymphknotenmetastasen (PET-CT/Biopsie)

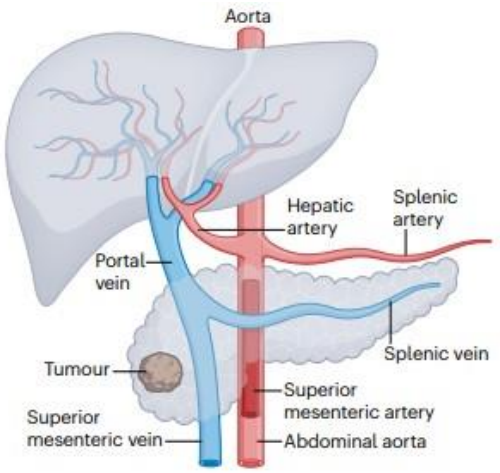
Konditional: ECOG ≥ 2

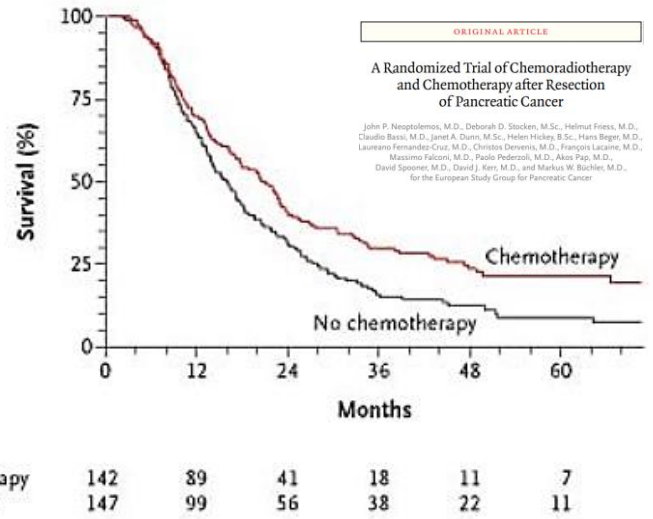
Springfeld C et al. Nat Rev Clin Oncol. 2023

DAS PRIMÄR OPERABLE PANKREASKARZINOM



DAS PRIMÄR OPERABLE PANKREASKARZINOM

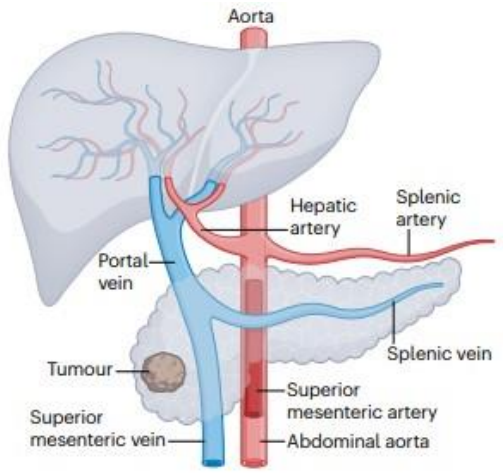


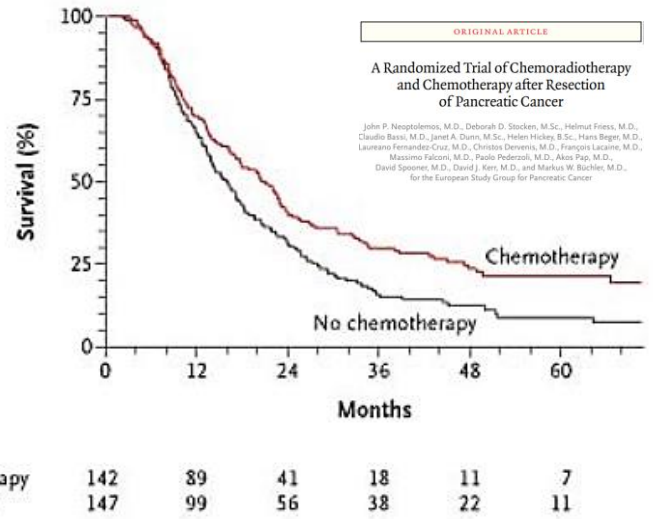


Neoptolemos JP et al. N Engl J Med. 2004

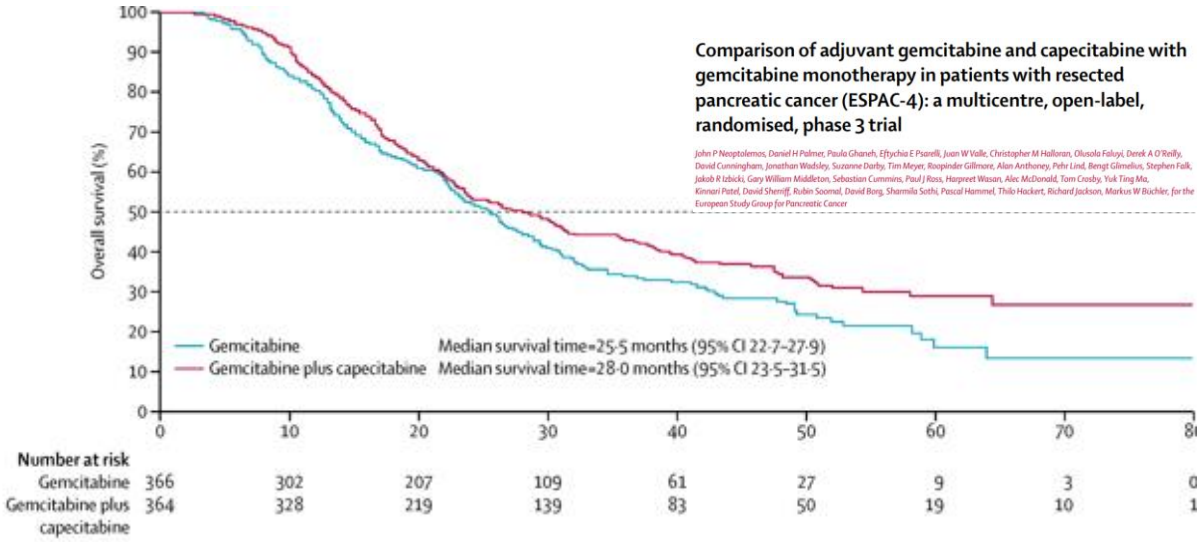
DFS 5J: 21% vs. 8%

DAS PRIMÄR OPERABLE PANKREASKARZINOM



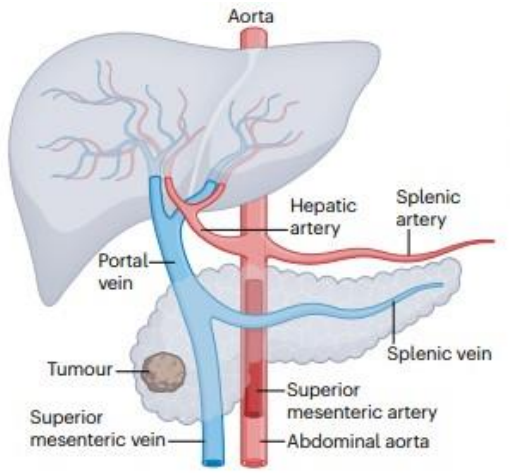


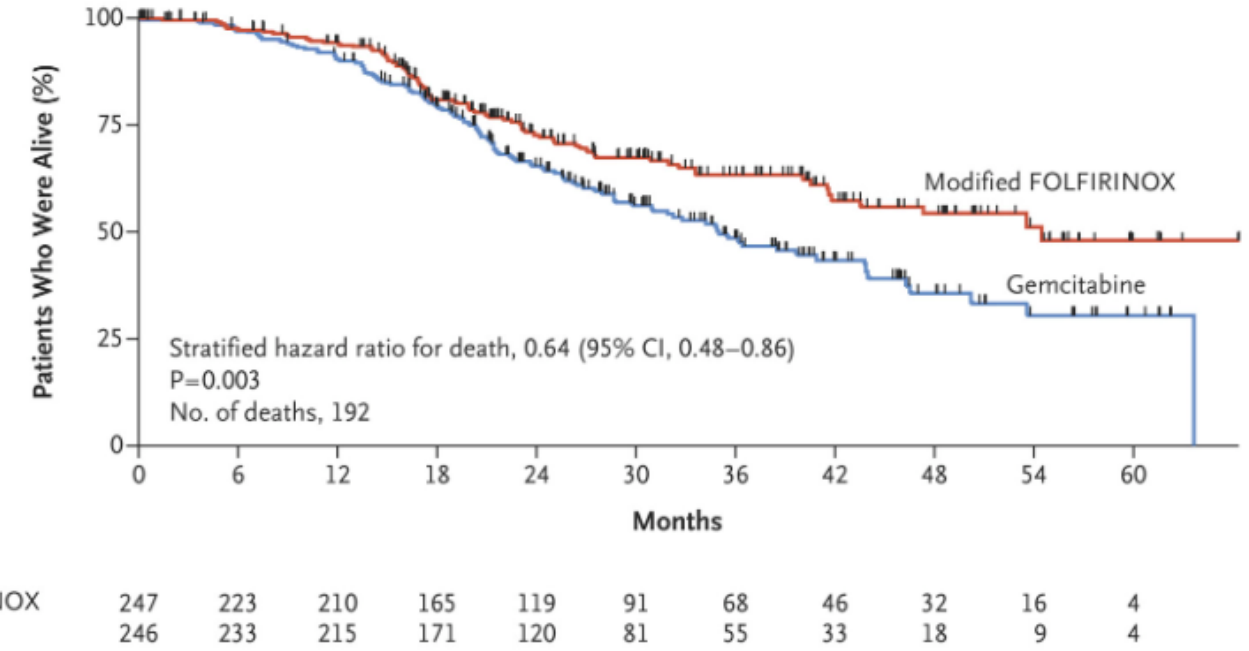
Neoptolemos JP et al. N Engl J Med. 2004
Neoptolemos JP et al. Lancet. 2017



DFS 5J: 30,7% vs. 18,4%

DAS PRIMÄR OPERABLE PANKREASKARZINOM



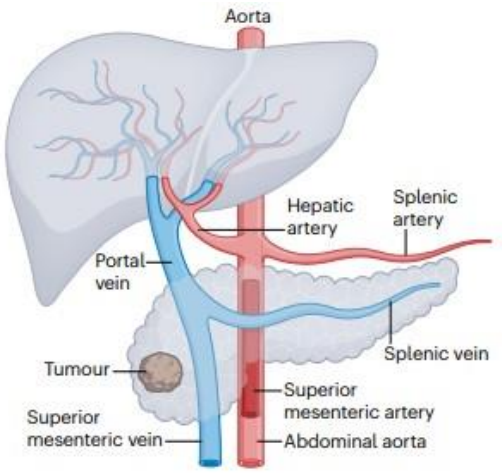


No. at Risk											
Modified FOLFIRINOX	247	223	210	165	119	91	68	46	32	16	4
Gemcitabine	246	233	215	171	120	81	55	33	18	9	4

Conroy T et al. N Engl J Med. 2018

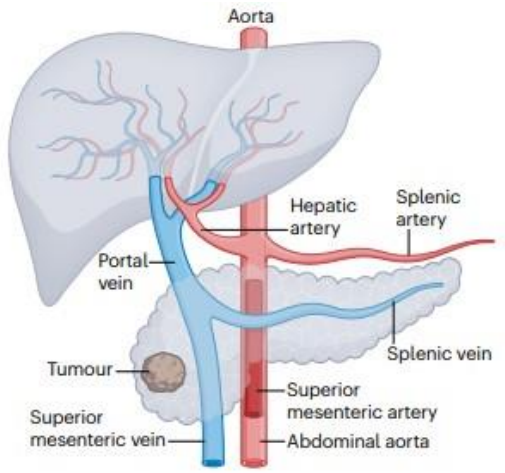
mDFS: 21.4 Mo vs. 12.8 Mo
DFS 5J: 26.1% vs. 19%
mOS 53.5 vs. 35.5
Alle Subgruppen profitieren

DAS PRIMÄR OPERABLE PANKREASKARZINOM



Adjuvante Systemtherapie
Standard nach Resektion

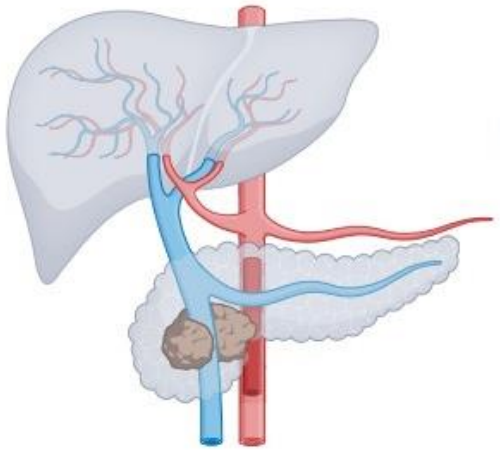
DAS PRIMÄR OPERABLE PANKREASKARZINOM

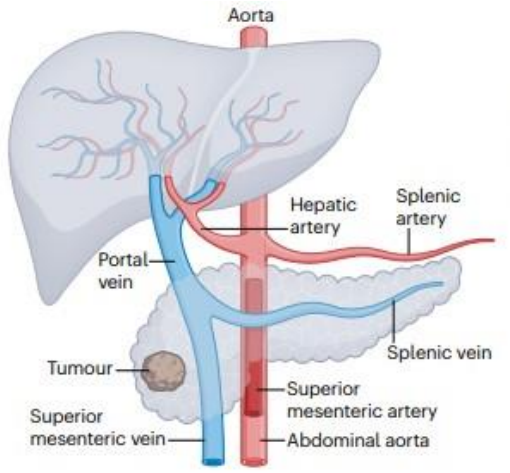


Adjuvante Systemtherapie
Standard nach Resektion

- 12 Wochen postoperativ
- Dauer 6 Monate
- Auswahl nach Allgemeinzustand:
  - ECOG 0-1: mFOLFIRINOX
  - ECOG > 1-2: Gemcitabin+Capecitabin/Gemcitabin/ 5-FU bei Unverträglichkeit

BORDERLINE



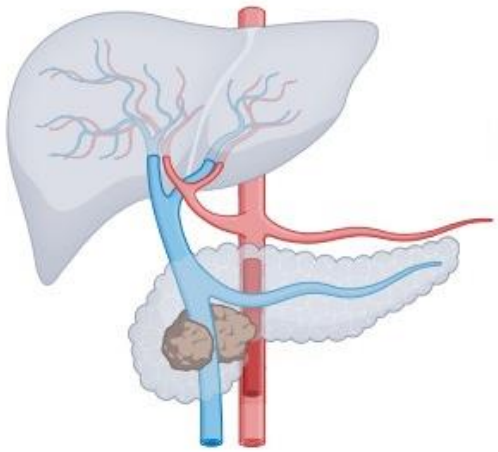


Primär operabel

CA19-9 < 500 UI/l oder ECOG ≥ 2

Borderline resektabel

BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE



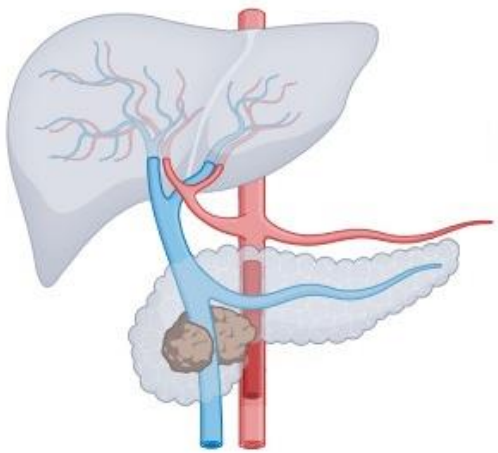
Meta-analysis comparing upfront surgery with neoadjuvant treatment in patients with resectable or borderline resectable pancreatic cancer

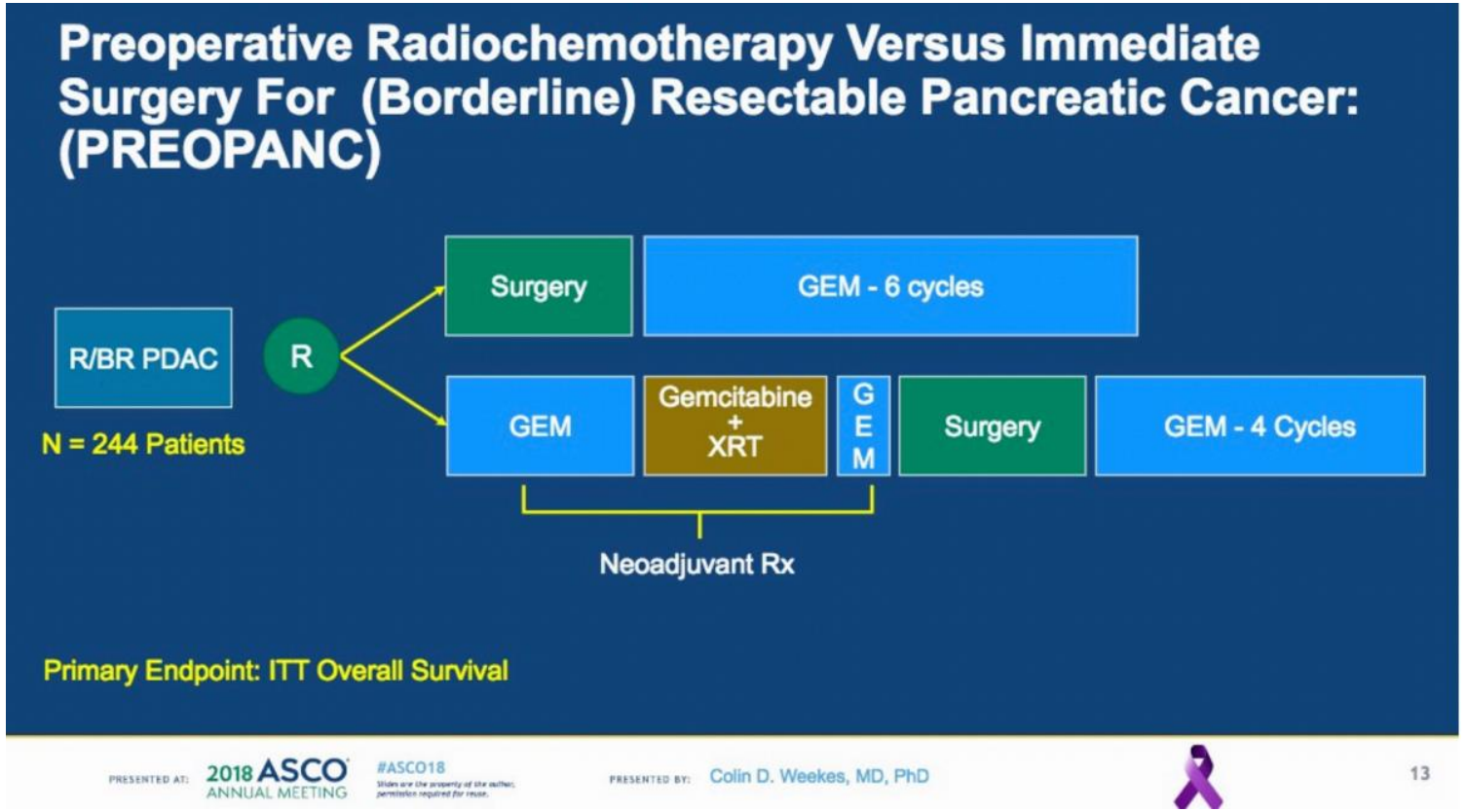
E. Versteijne[1], J. A. Vogel[2], M. G. Besselink[2], O. R. C. Busch[2], J. W. Wilmink[3], J. G. Daams[4], C. H. J. van Eijck[5], B. Groot Koerkamp[5], C. R. N. Rasch[1] and G. van Tienhoven[1], on behalf of the Dutch Pancreatic Cancer Group

Departments of [1]Radiation Oncology, [2]Surgery and [3]Medical Oncology, Cancer Centre Amsterdam, Academic Medical Centre, and [4]Medical Library, Academic Medical Centre, Amsterdam, and [5]Department of Surgery, Erasmus Medical Centre, Erasmus University Rotterdam, Rotterdam, The Netherlands

Correspondence to: Dr E. Versteijne, Department of Radiation Oncology, Cancer Centre Amsterdam, Academic Medical Centre, Meibergdreef 9, 1105 AZ, Amsterdam, The Netherlands (e-mail: e.versteijne@amc.uva.nl)

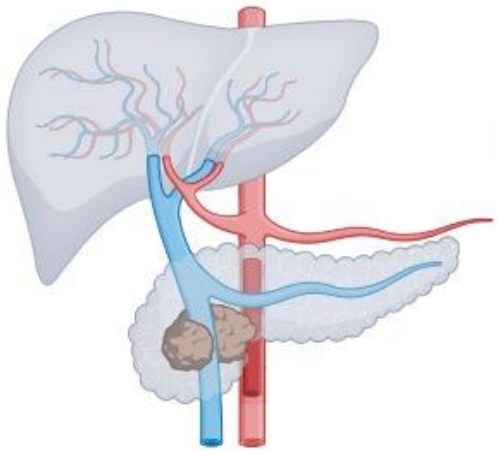
BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE

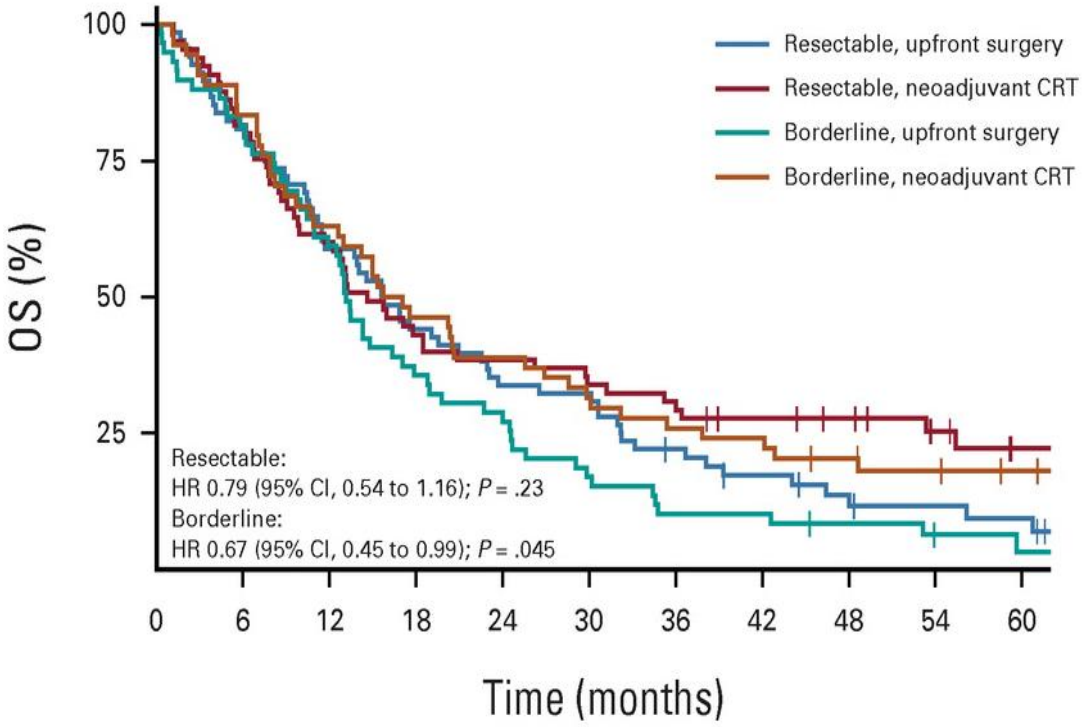




Presented By Colin D. Weekes, MD, PhD at 2018 ASCO Annual Meeting

BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE



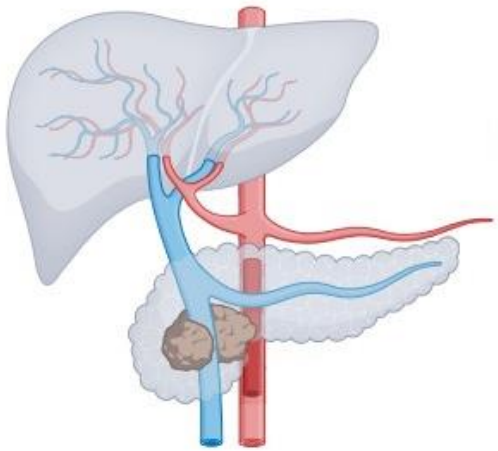


Neoadjuvant Chemoradiotherapy Versus Upfront Surgery for Resectable and Borderline Resectable Pancreatic Cancer: Long-Term Results of the Dutch Randomized PREOPANC Trial

Eva Versteijne [1], Jacob L van Dam [2], Mustafa Suker [2], Quisette P Janssen [2], Karin Groothuis [3], Janine M Akkermans-Vogelaar [3], Marc G Besselink [4], Bert A Bonsing [5], Jeroen Buijsen [6], Olivier R Busch [4], Geert-Jan M Creemers [7], Ronald M van Dam [8 9 10], Ferry A L M Eskens [11], Sebastiaan Festen [12], Jan Willem B de Groot [13], Bas Groot Koerkamp [2], Ignace H de Hingh [14], Marjolein Y V Homs [11], Jeanin E van Hooft [15 16], Emile D Kerver [17], Saskia A C Luelmo [18], Karen J Neelis [19], Joost Nuyttens [20], Gabriel M R M Paardekooper [21], Gijs A Patijn [22], Maurice J C van der Sangen [23], Judith de Vos-Geelen [24], Johanna W Wilmink [25], Aeilko H Zwinderman [26], Cornelis J Punt [27], Geertjan van Tienhoven [1], Casper H J van Eijck [2]; Dutch Pancreatic Cancer Group

Versteijne E et al. J Clin Oncol. 2022

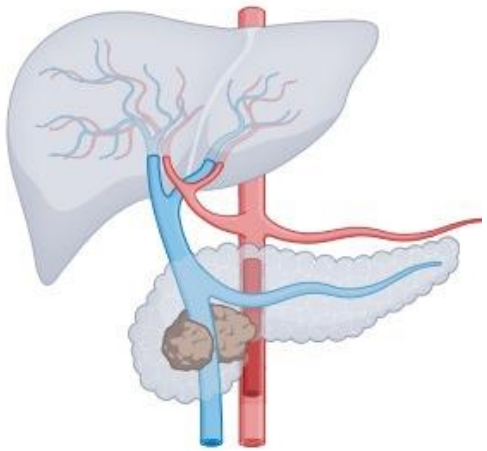
BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE

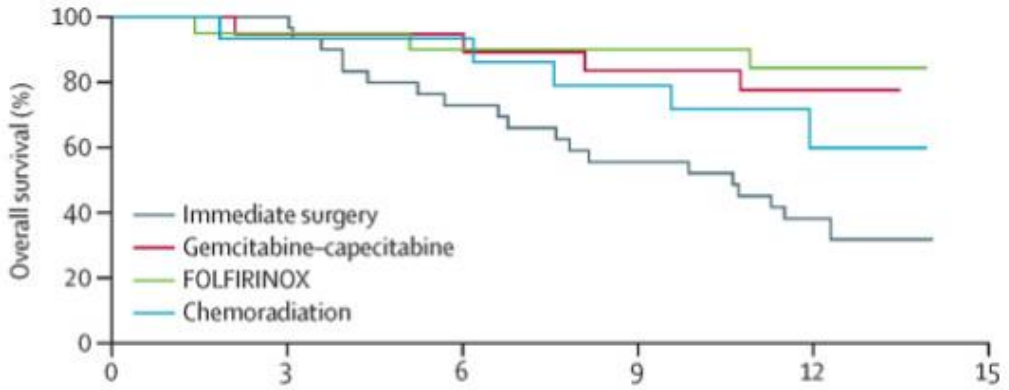


	Neoadjuvant Chemoradiotherapy	Upfront Surgery	Unstratified HR (95% CI)	Interaction *P*
	No. of Events/Total No.			
All patients	93/119	117/127	0.74 (0.56 to 0.97)	
Age, years				.92
< 65	41/55	44/50	0.77 (0.50 to 1.18)	
≥ 65	52/64	73/77	0.75 (0.52 to 1.08)	
Sex				.30
Male	52/64	69/74	0.84 (0.59 to 1.21)	
Female	41/55	48/53	0.64 (0.42 to 0.98)	
WHO performance status				.21
0	52/69	46/49	0.63 (0.42 to 0.94)	
1 or 2	41/50	71/78	0.88 (0.59 to 1.29)	
Resectability				.56
Resectable	49/65	61/68	0.79 (0.54 to 1.16)	
Borderline resectable	44/54	56/59	0.67 (0.45 to 0.99)	
Tumor location				.88
Head	79/99	108/117	0.77 (0.57 to 1.03)	
Other	14/20	9/10	0.73 (0.31 to 1.69)	
Tumor size, mm				.15
< 30	42/51	49/56	0.94 (0.62 to 1.42)	
≥ 30	50/66	65/69	0.62 (0.43 to 0.90)	
CA 19-9, U/mL				1.00
< 500	56/76	60/65	0.69 (0.48 to 1.00)	
≥ 500	27/31	34/35	0.71 (0.43 to 1.18)	

Versteijne E et al. J Clin Oncol. 2022

BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE





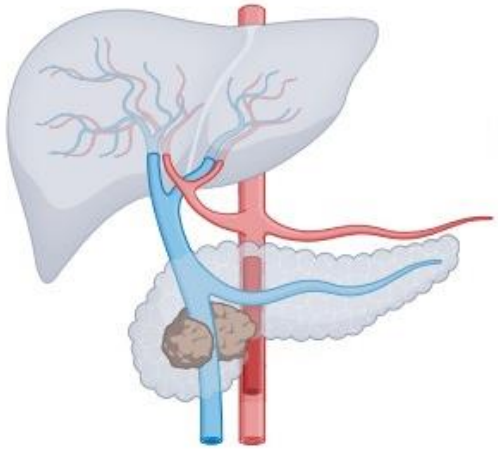
Numbers at risk (number censored)						
Surgery	31 (1)	30 (1)	21 (0)	16 (4)	7 (6)	0
Gemcitabine–capecitabine	19 (0)	18 (1)	17 (0)	15 (9)	5 (5)	0
FOLFIRINOX	20 (0)	19 (1)	17 (1)	16 (2)	13 (13)	0
Chemoradiation	16 (1)	14 (1)	13 (0)	11 (4)	5 (5)	0

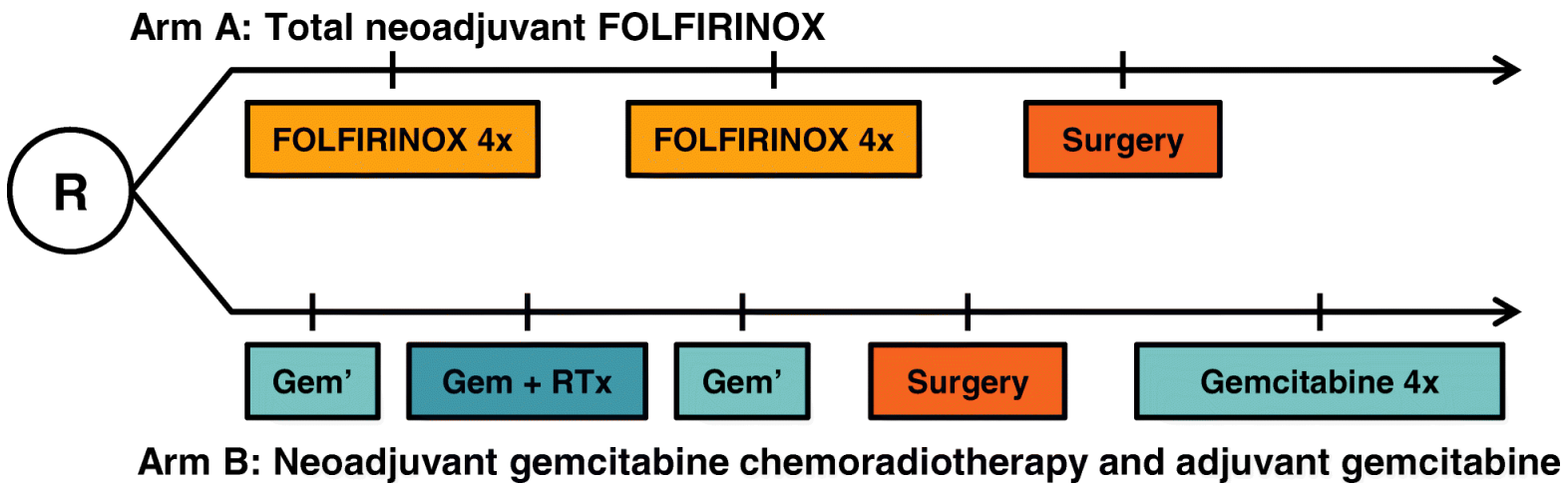
Immediate surgery compared with short-course neoadjuvant gemcitabine plus capecitabine, FOLFIRINOX, or chemoradiotherapy in patients with borderline resectable pancreatic cancer (ESPAC5): a four-arm, multicentre, randomised, phase 2 trial

Paula Ghaneh, Daniel Palmer, Silvia Cicconi, Richard Jackson, Christopher Michael Halloran, Charlotte Rawcliffe, Rajaram Sripadam, Somnath Mukherjee, Zahir Soonawalla, Jonathan Wadsley, Ahmed Al-Mukhtar, Evan Dickson, Janet Graham, Long Jiao, Harpreet S Wasan, Iain S Tait, Andreas Prachalias, Paul Ross, Juan W Valle, Derek A O'Reilly, Bilal Al-Sarireh, Sarah Gwynne, Irfan Ahmed, Kate Connolly, Kein-Long Yim, David Cunningham, Thomas Armstrong, Caroline Archer, Keith Roberts, Yuk Ting Ma, Christoph Springfeld, Christine Tjaden, Thilo Hackert, Markus W Büchler, John P Neoptolemos, for the European Study Group for Pancreatic Cancer

Ghaneh P et al. Lancet Gastroenterol Hepatol. 2022

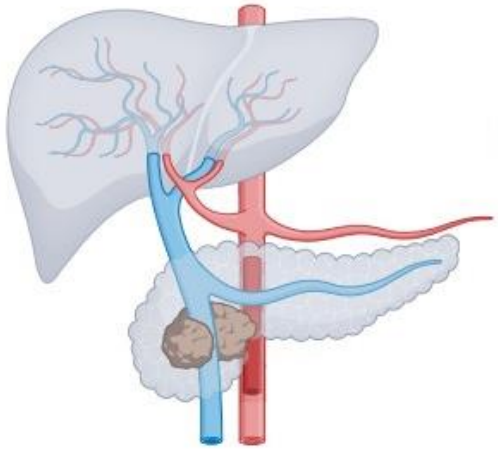
BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE/ RADIOCHEMOTHERAPIE?

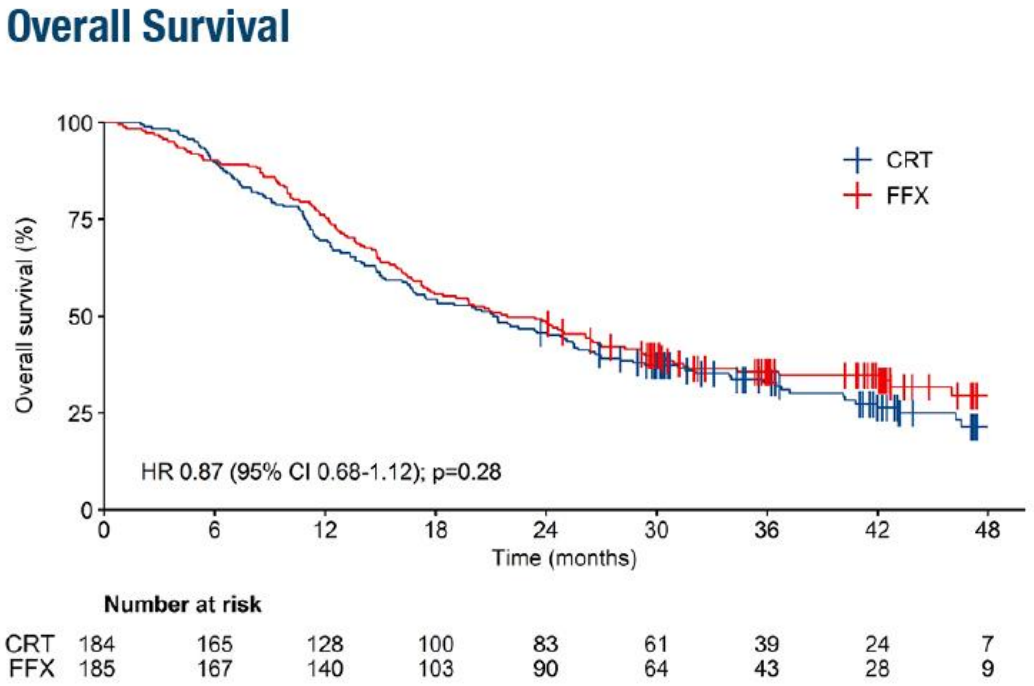




Janssen Q.P. et al. BMC Cancer. 2021

BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE/ RADIOCHEMOTHERAPIE?

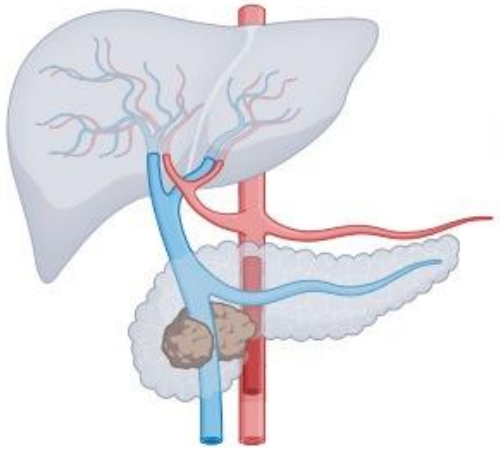


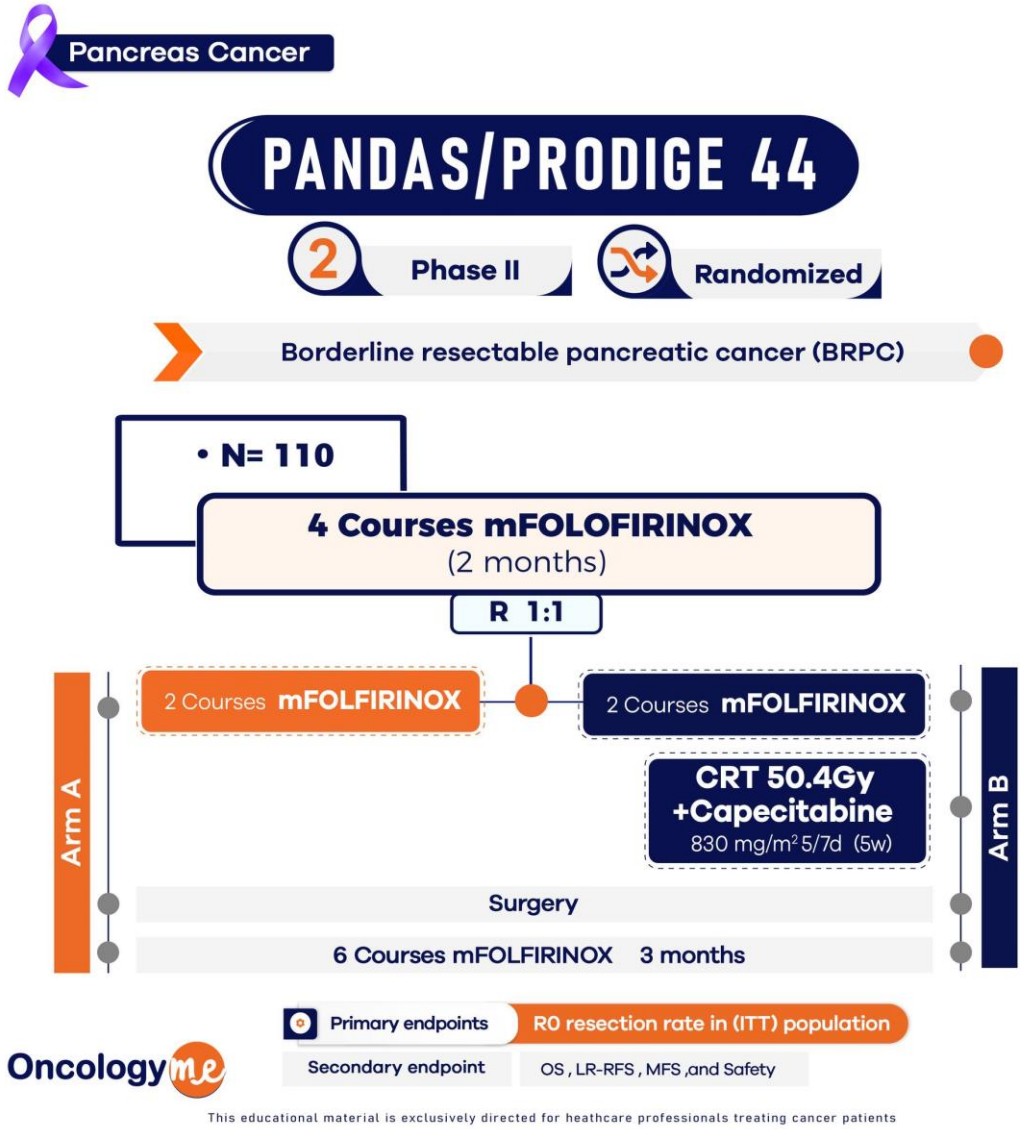


Median OS	
FFX	21.9 (17.7-27.0)
CRT	21.3 (16.8-25.5)
1-year OS	
FFX	75.7%
CRT	69.6%
2-year OS	
FFX	48.6%
CRT	45.7%
3-year OS	
FFX	35.6%
CRT	32.8%

Overall survival was not improved with neoadjuvant FOLFIRINOX versus gemcitabine-based chemoradiotherapy in the PREOPANC-2 trial (ESMO Congress 2023, LBA83)

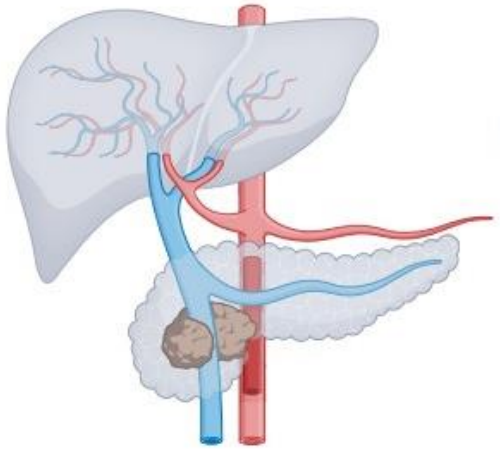
BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE/ RADIOCHEMOTHERAPIE?

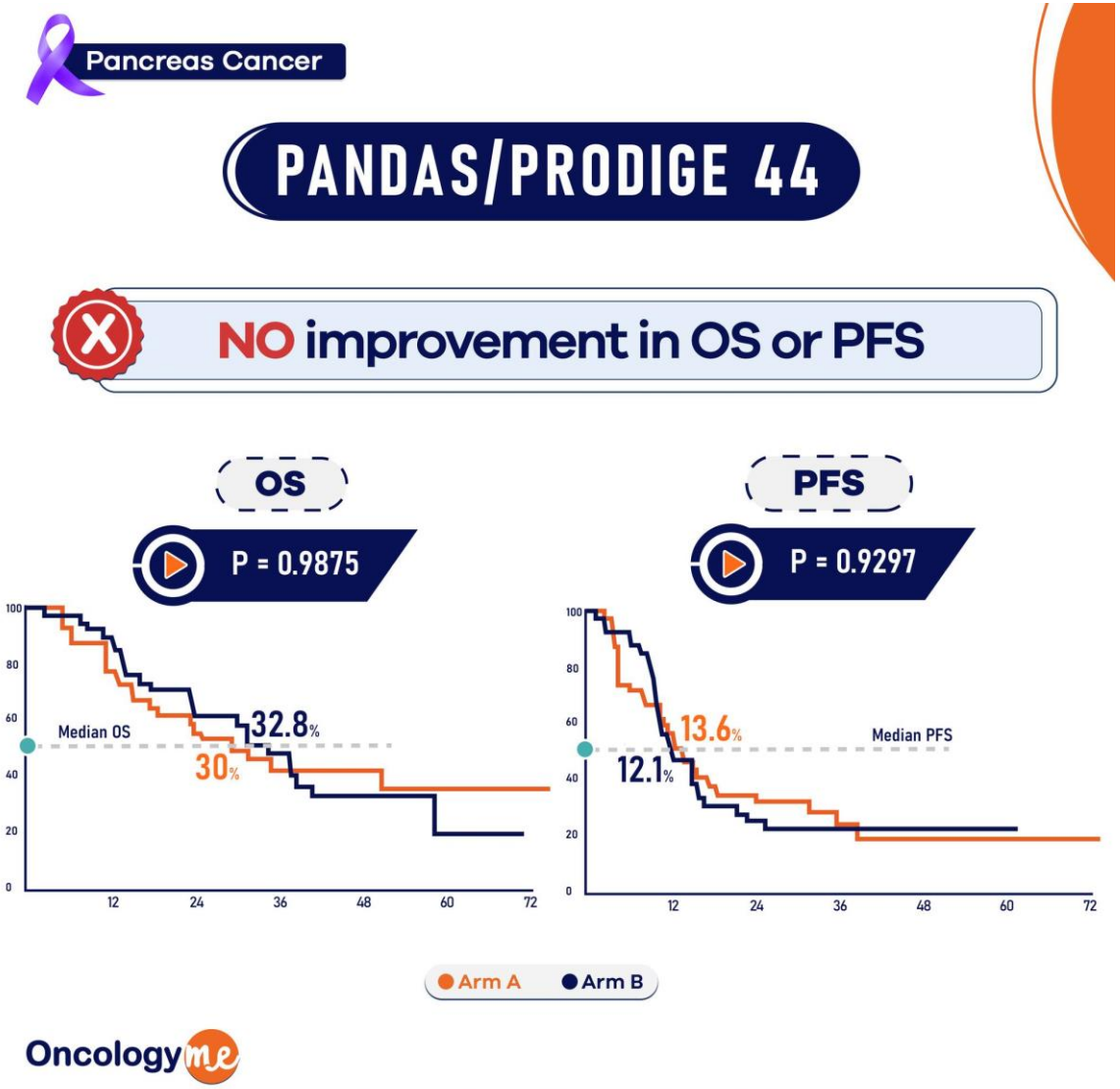




LBA62 - Preoperative modified FOLFIRINOX (mFOLFIRINOX) with or without chemoradiation (CRT) in borderline resectable pancreatic cancer (BRPC): Results from the randomized phase II trial PANDAS/PRODIGE 44 (ESMO 2024)

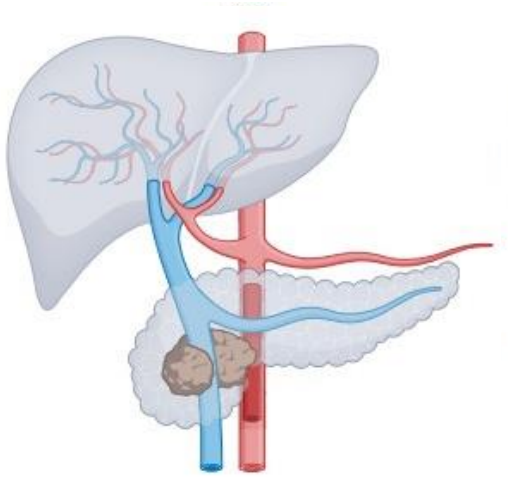
BORDERLINE – ROLLE DER NEOADJUVANTEN CHEMOTHERAPIE/ RADIOCHEMOTHERAPIE?





LBA62 - Preoperative modified FOLFIRINOX (mFOLFIRINOX) with or without chemoradiation (CRT) in borderline resectable pancreatic cancer (BRPC): Results from the randomized phase II trial PANDAS/PRODIGE 44 (ESMO 2024)

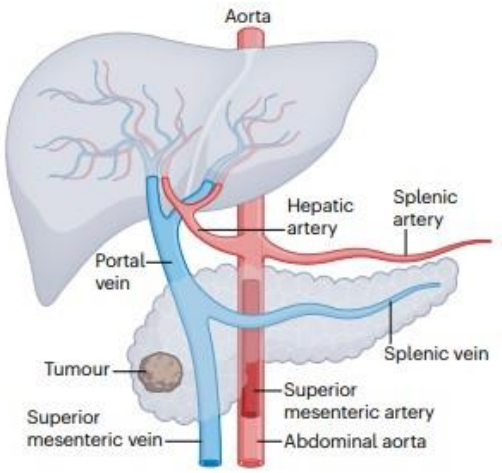
BORDERLINE - ZUSAMMENFASSUNG



Präoperative Therapie empfohlen

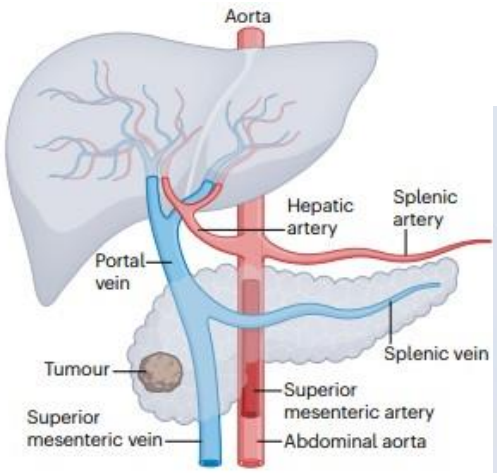
- Neoadjuvante Chemotherapie (bis zu 4 Monaten?) oder Chemostrahlentherapie

DAS PRIMÄR OPERABLE PANKREASKARZINOM



Rolle der Neoadjuvanz?

DAS PRIMÄR OPERABLE PANKREASKARZINOM – ROLLE DER NEOADJUVANZ?



	Patient population	Groups	Number of cycles of neoadjuvant chemotherapy	Number of patients	Patients completing neoadjuvant chemotherapy by ITT	Median overall survival, months
SWOG1505[6]	Resectable	Neoadjuvant modified FOLFIRINOX *vs* neoadjuvant gemcitabine and abraxane	6 *vs* 3	55 *vs* 47	46 (84%) *vs* 40 (85%)	23·6 *vs* 23·2
Prep-02/ JSAP-05[7]	Resectable and borderline resectable	Neoadjuvant gemcitabine plus S-1 *vs* upfront surgery	2 *vs* NA	182 *vs* 180	Not reported	36·7 *vs* 26·6
NEONAX[8]*	Resectable	Neoadjuvant gemcitabine and abraxane *vs* upfront surgery	2 *vs* NA	59 *vs* 59	53 (90%)	25·5 *vs* 16·7
PREOPANC-1[9]	Resectable and borderline resectable	Neoadjuvant gemcitabine and radiotherapy *vs* upfront surgery	3 *vs* NA	119 *vs* 127	81 (68%)	15·7% (20·5)† *vs* 14·3% (6·5)
PANACHE01 PRODIGE48[10]	Resectable	Neoadjuvant modified FOLFIRINOX *vs* neoadjuvant FOLFOX *vs* upfront surgery	4 *vs* 4 *vs* NA	70 *vs* 50 *vs* 26	62 (88%) *vs* 42 (84%)	30·6 *vs* 31·3 *vs* >36
PREOPANC-2[11]	Resectable and borderline resectable	Neoadjuvant full-dose FOLFIRINOX *vs* neoadjuvant gemcitabine and radiotherapy	8 *vs* 3	185 *vs* 184	115 (62%) *vs* 149 (81%)	21·9 *vs* 21·3
NORPACT-1[12]	Resectable	Neoadjuvant full-dose FOLFIRINOX *vs* upfront surgery	4 *vs* NA	77 *vs* 63	36 (46%)	25·1 *vs* 38·5

FOLFIRINOX=fluorouracil, leucovorin, irinotecan, and oxaliplatin. FOLFOX=fluorouracil, leucovorin, and oxaliplatin. NA=not applicable. *Primary endpoint not met. †5-year overall survival.

Table: **Select studies evaluating neoadjuvant treatment in resectable pancreatic ductal adenocarcinoma**

Henault D et al. Lancet Gastroenterol Hepatol. 2024

DAS PRIMÄR OPERABLE PANKREASKARZINOM – ROLLE DER NEOADJUVANZ?

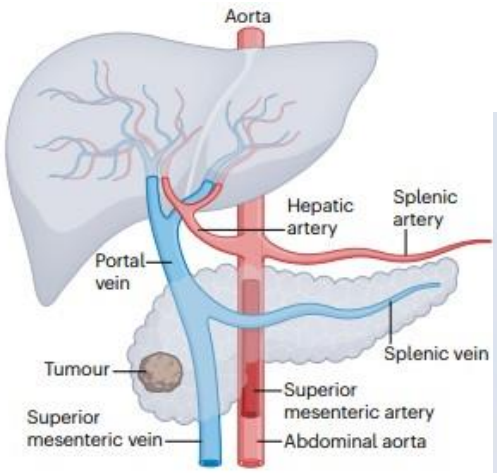


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Table: **Select studies evaluating neoadjuvant treatment in resectable pancreatic ductal adenocarcinoma**

Henault D et al. Lancet Gastroenterol Hepatol. 2024

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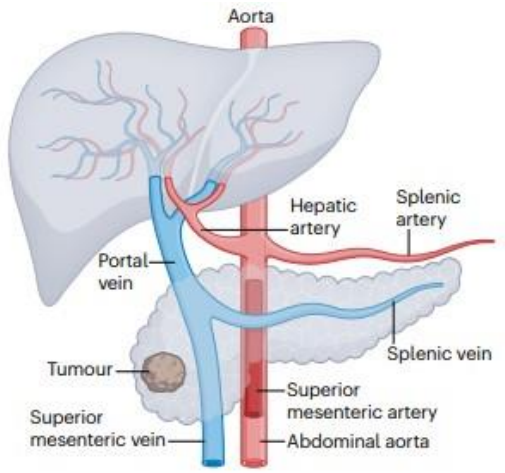
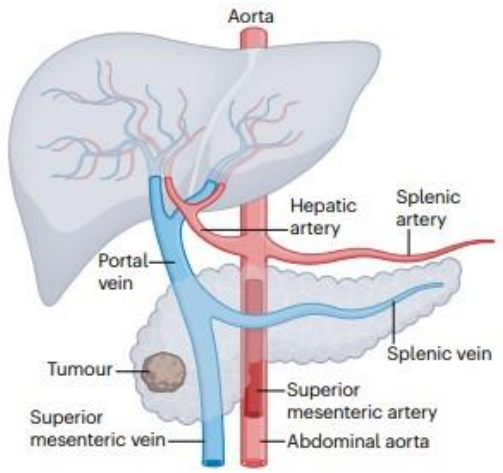


7.2 Neoadjuvante Therapien

7.12	Evidenzbasierte Empfehlung	geprüft 2021
Empfehlungsgrad **B**	Eine neoadjuvante Strahlenchemotherapie, Strahlentherapie oder Chemotherapie sollte Patienten mit einem resektabel eingeschätztem Pankreaskarzinom außerhalb von Studien nicht angeboten werden.	
Level of Evidence **1, 2, 4**	[484], [485], [486], [487], [488], [489], [490], [491], [492], [493], [494], [495], [496], [497]	
	Starker Konsens	

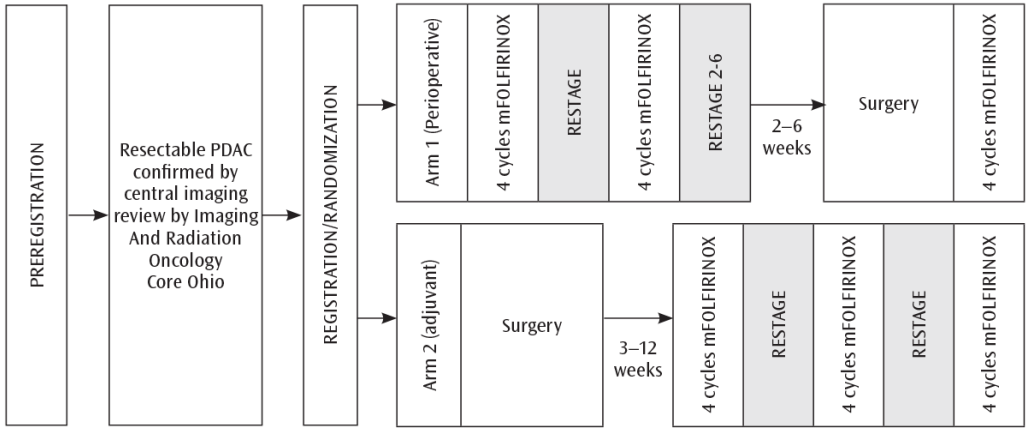
S3-Leitlinie Exokrines Pankreaskarzinom
Version 3.1 – September 2024

DAS PRIMÄR OPERABLE PANKREASKARZINOM – ROLLE DER NEOADJUVANZ?

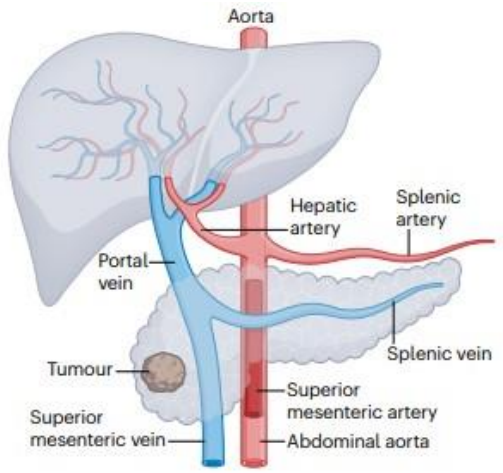


SWOG/ALLIANCE A021806

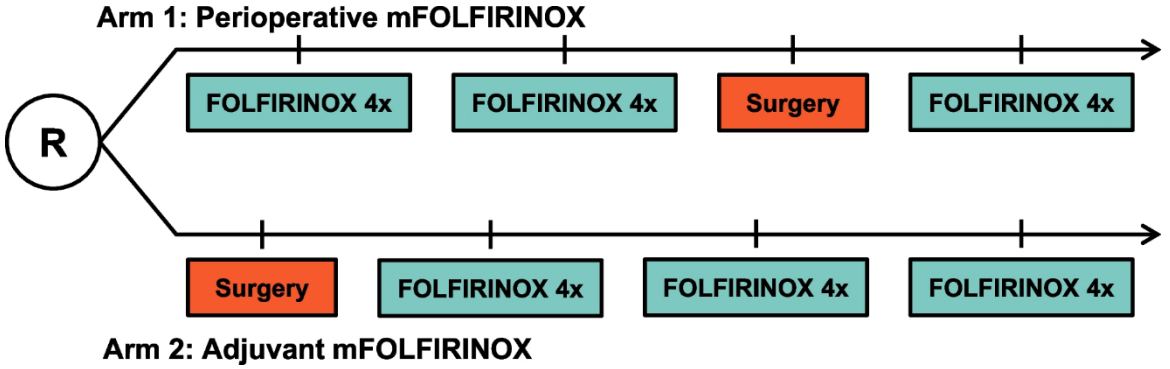
CTSU/A021806, "A Phase III Trial of Perioperative Versus Adjuvant Chemotherapy for Resectable Pancreatic Cancer." Dr. Noel. Activated: 7/1/20.



DAS PRIMÄR OPERABLE PANKREASKARZINOM – ROLLE DER NEOADJUVANZ?



PREOPANC 3



SWOG/ALLIANCE A021806

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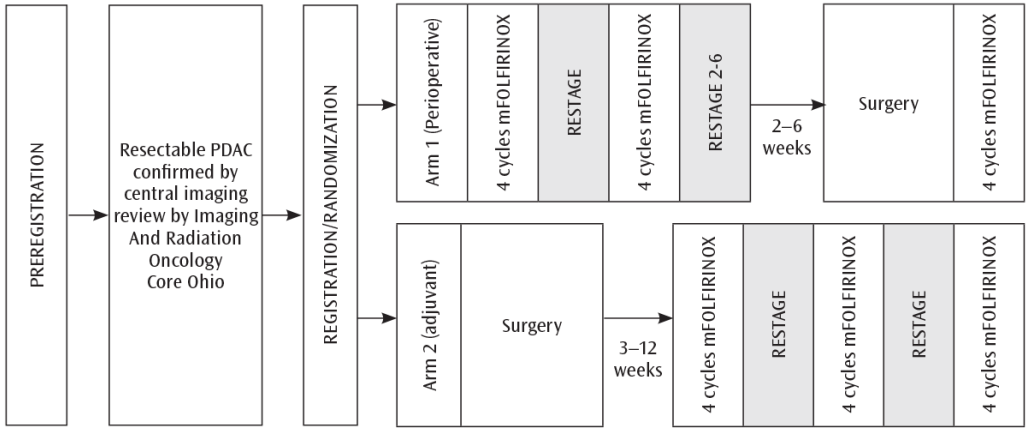
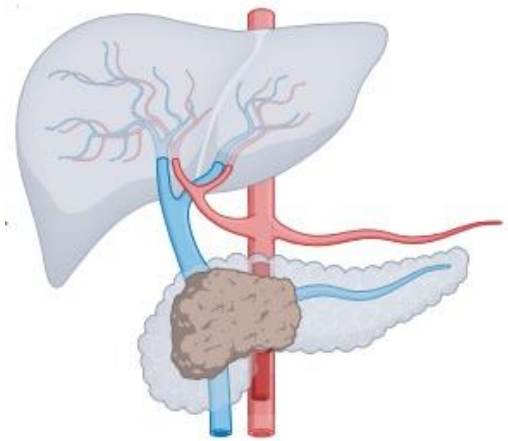
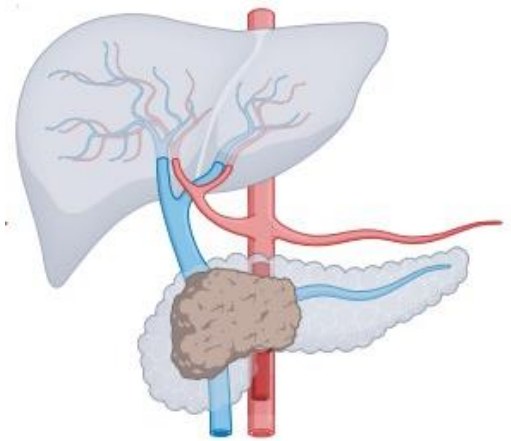


LOKAL FORTGESCHRITTEN (LAPC) – PRIMÄR NICHT RESEKTABEL

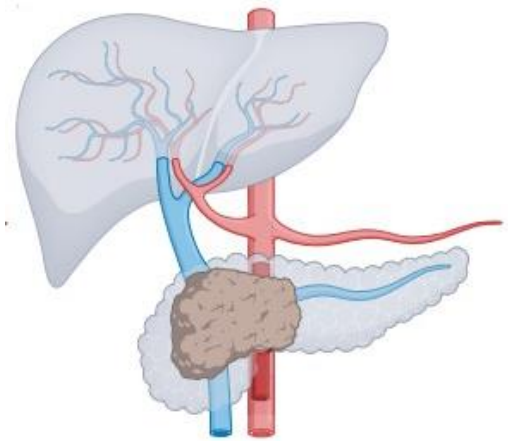


LOKAL FORTGESCHRITTEN (LAPC) – PRIMÄR NICHT RESEKTABEL



(palliative) Systemtherapie entsprechend des Allgemeinzustandes

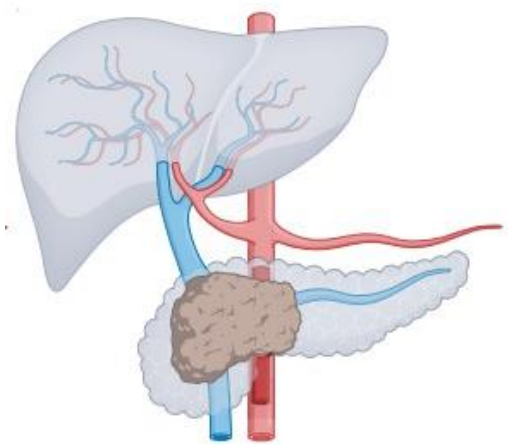
LOKAL FORTGESCHRITTEN (LAPC) – PRIMÄR NICHT RESEKTABEL

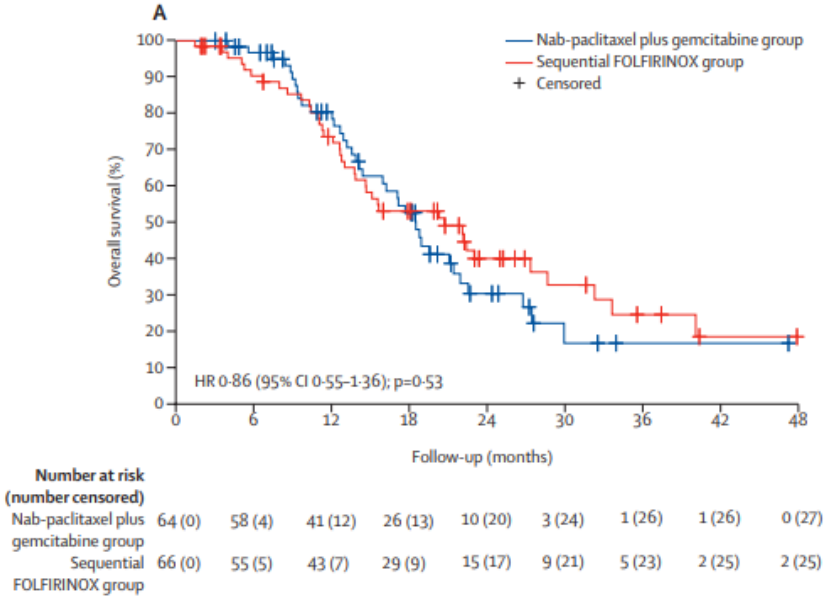


(palliative) Systemtherapie entsprechend des Allgemeinzustandes

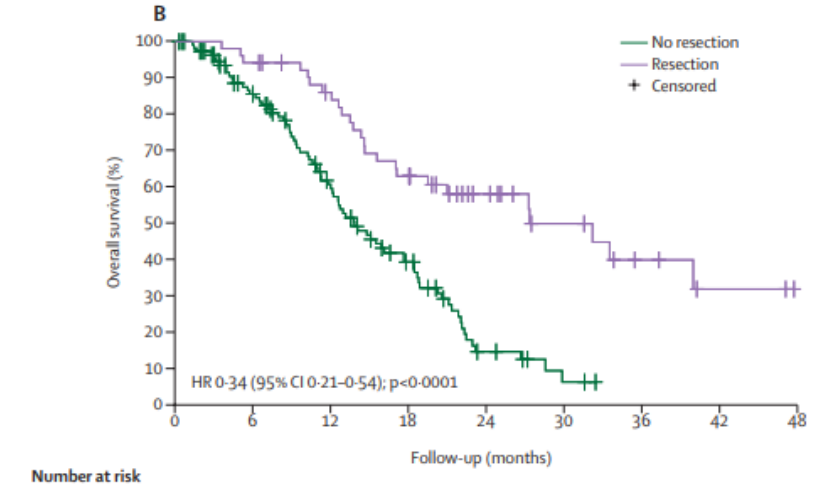
Sekundäre Resektabilität

LOKAL FORTGESCHRITTEN (LAPC) – NEOLAP – STUDIE





Number at risk (number censored)									
Nab-paclitaxel plus gemcitabine group	64 (0)	58 (4)	41 (12)	26 (13)	10 (20)	3 (24)	1 (26)	1 (26)	0 (27)
Sequential FOLFIRINOX group	66 (0)	55 (5)	43 (7)	29 (9)	15 (17)	9 (21)	5 (23)	2 (25)	2 (25)

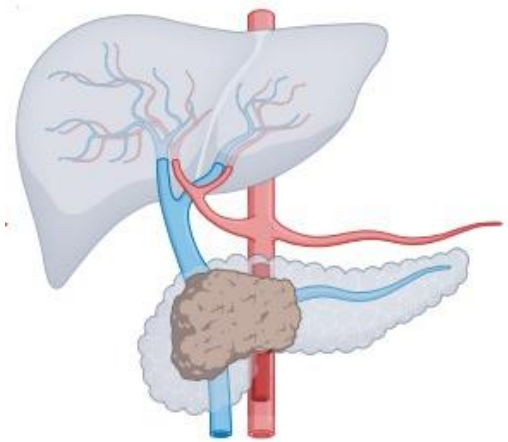


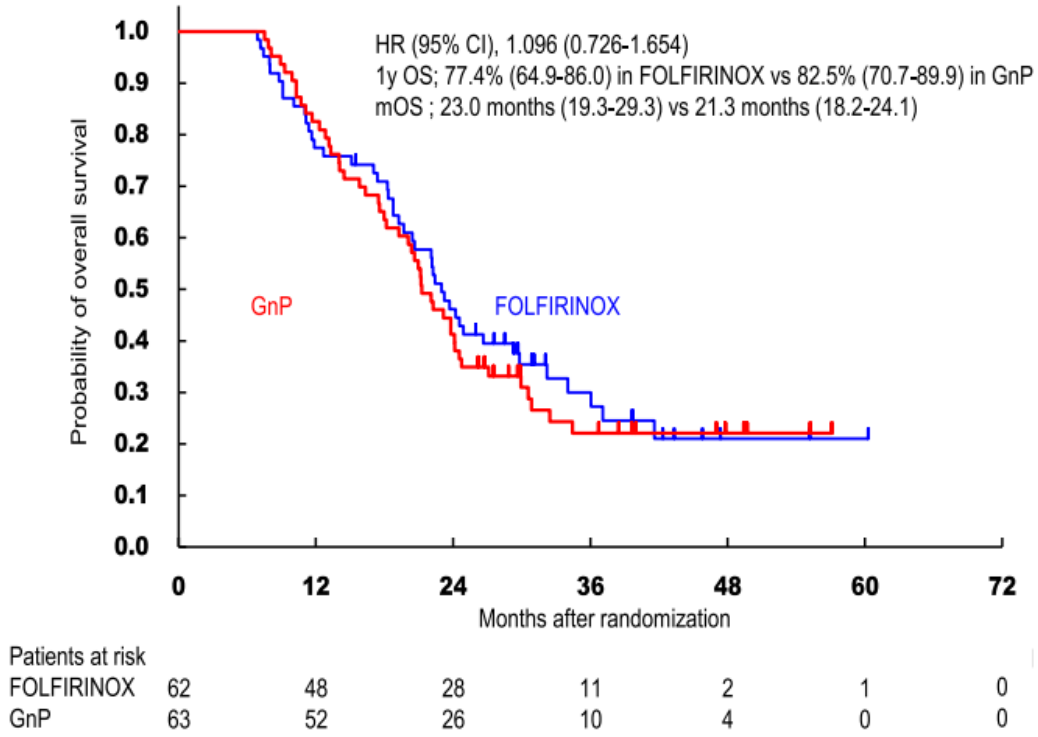
Number at risk (number censored)									
No resection	113 (0)	85 (13)	53 (22)	29 (28)	8 (33)	2 (36)	0 (38)	..	..
Resection	52 (0)	49 (0)	41 (4)	30 (4)	18 (14)	11 (19)	6 (22)	3 (24)	2 (25)

Nab-paclitaxel plus gemcitabine versus nab-paclitaxel plus gemcitabine followed by FOLFIRINOX induction chemotherapy in locally advanced pancreatic cancer (NEOLAP-AIO-PAK-0113): a multicentre, randomised, phase 2 trial

Volker Kunzmann, Jens T Siveke, Hana Algül, Eray Goekkurt, Gabriele Siegler, Uwe Martens, Dirk Waldschmidt, Uwe Pelzer, Martin Fuchs, Frank Kullmann, Stefan Boeck, Thomas J Ettrich, Swantje Held, Ralph Keller, Ingo Klein, Christoph-Thomas Germer, Hubert Stein, Helmut Friess, Marcus Bahra, Ralf Jakobs, Ingo Hartlapp, Volker Heinemann, on behalf of the German Pancreatic Cancer Working Group (AIO-PAK) and NEOLAP investigators

LOKAL FORTGESCHRITTEN (LAPC) – JCOG1407

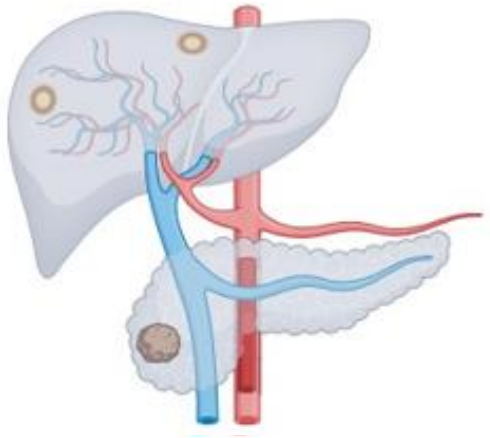


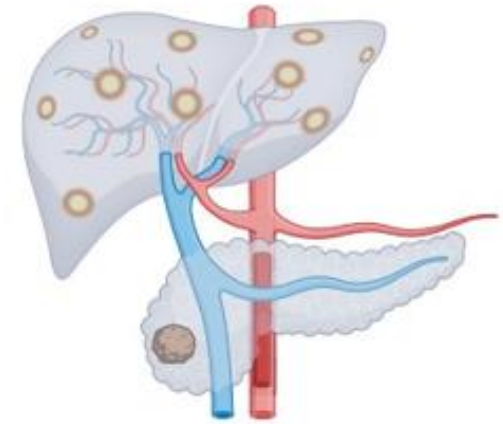


A randomised phase II study of modified FOLFIRINOX versus gemcitabine plus nab-paclitaxel for locally advanced pancreatic cancer (JCOG1407)☆

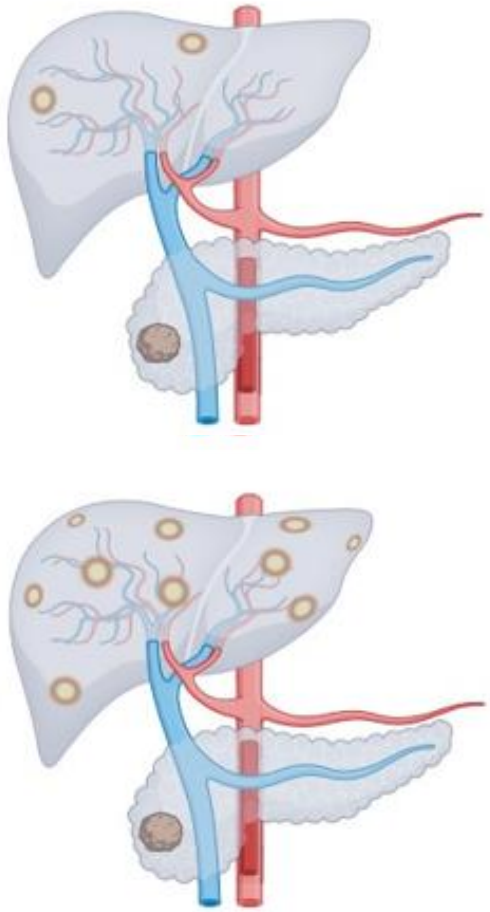
Masato Ozaka [a,*], Kohei Nakachi [b], Satoshi Kobayashi [c], Akihiro Ohba [d], Hiroshi Imaoka [e], Takeshi Terashima [f], Hiroshi Ishii [g], Junki Mizusawa [h], Hiroshi Katayama [h], Tomoko Kataoka [h], Takuji Okusaka [d], Masafumi Ikeda [e], Naoki Sasahira [a], Haruo Miwa [i], Eishiro Mizukoshi [f], Naohiro Okano [j], Nobumasa Mizuno [k], Tomohisa Yamamoto [l], Yoshito Komatsu [m], Akiko Todaka [n], Ken Kamata [o], Masayuki Furukawa [p], Nao Fujimori [q], Akio Katanuma [r], Yukiko Takayama [s], Hidetaka Tsumura [t], Haruhiko Fukuda [h], Makoto Ueno [c], Junji Furuse [c,j], Hepatobiliary and Pancreatic Oncology Group of Japan Clinical Oncology Group (JCOG)

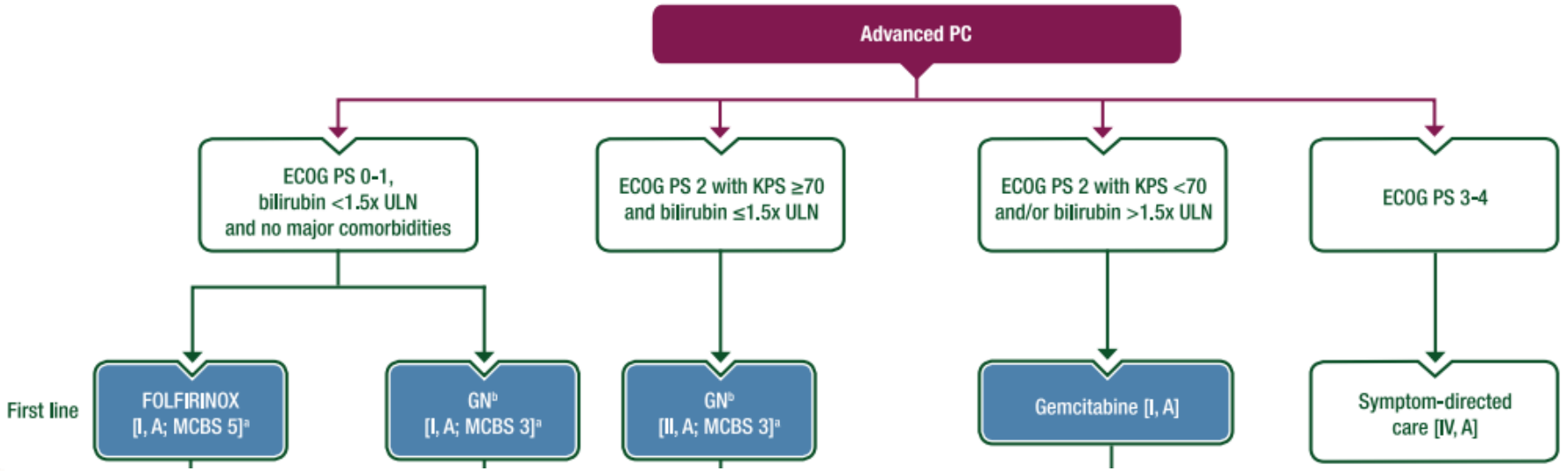
FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM





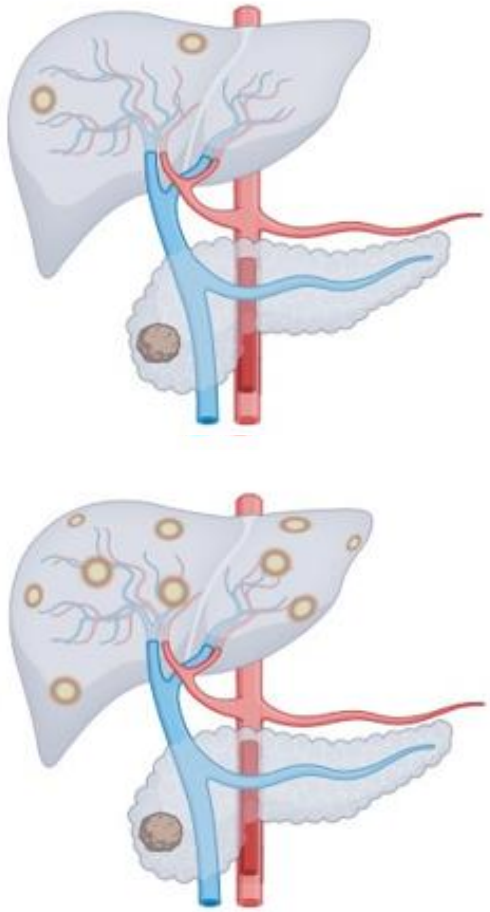
FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM

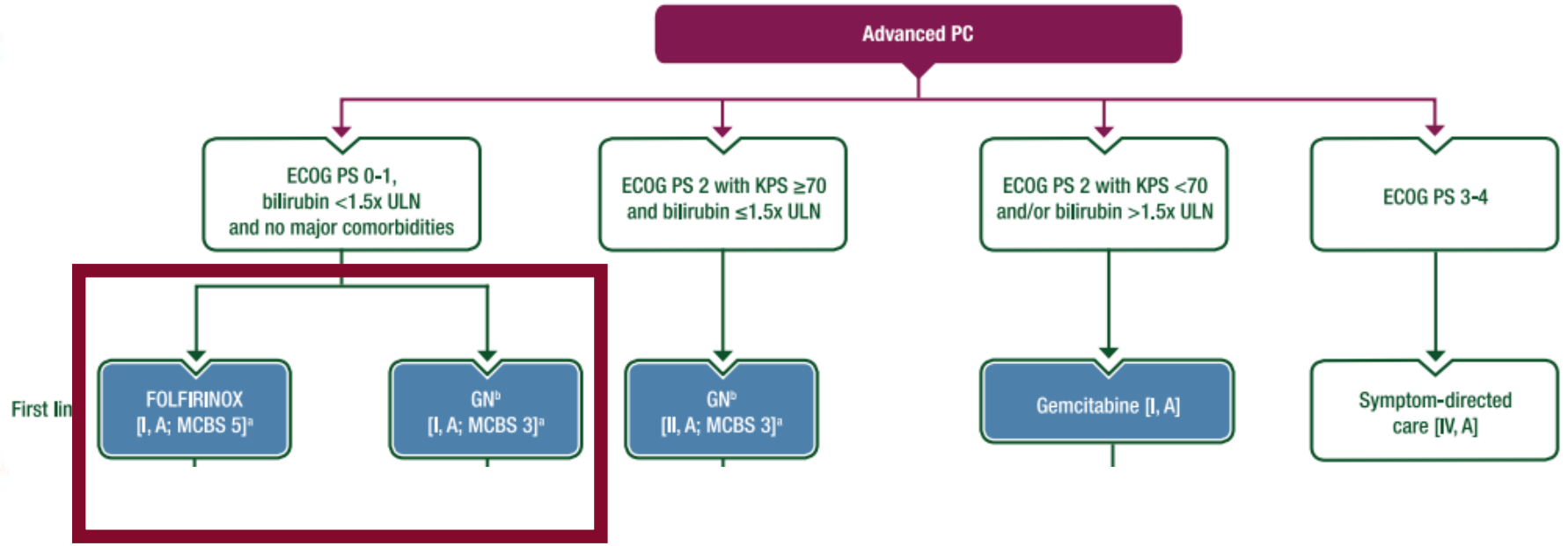




ESMO Guideline 2023

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM





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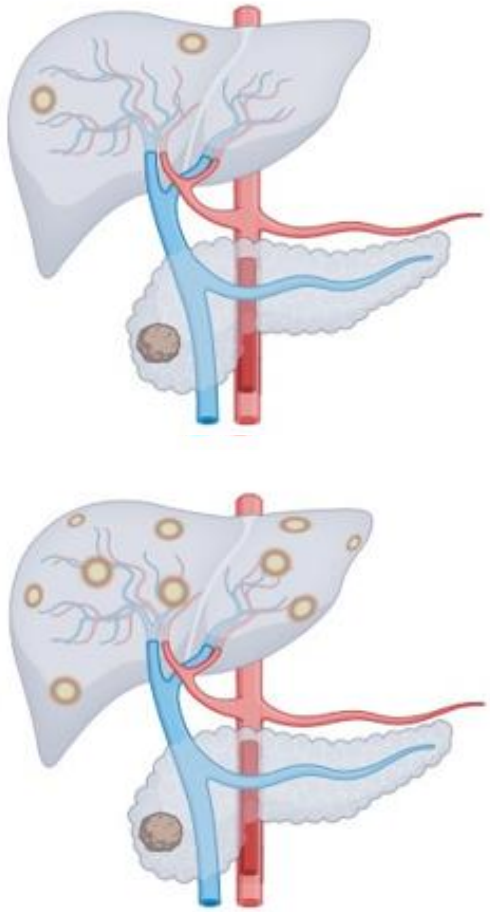
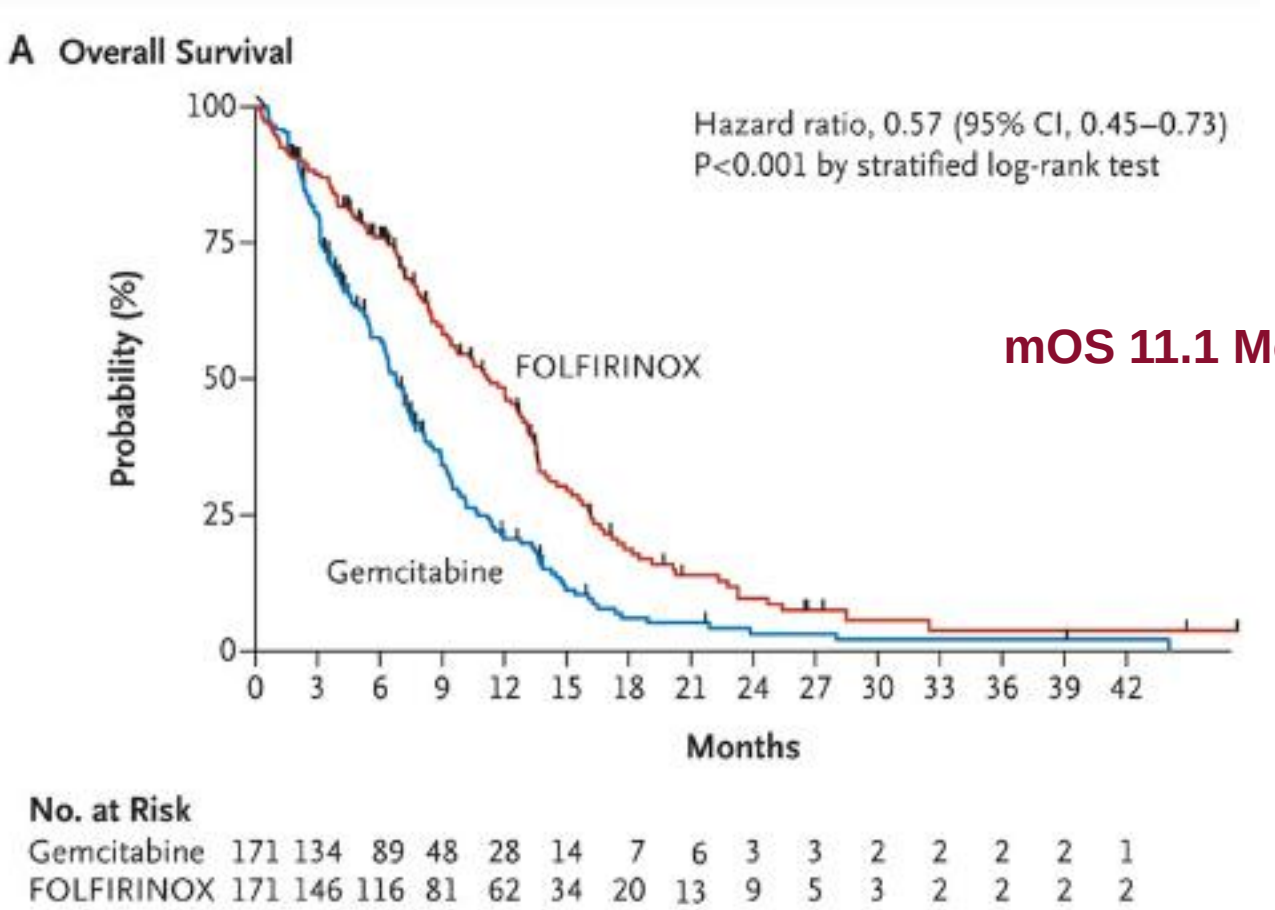
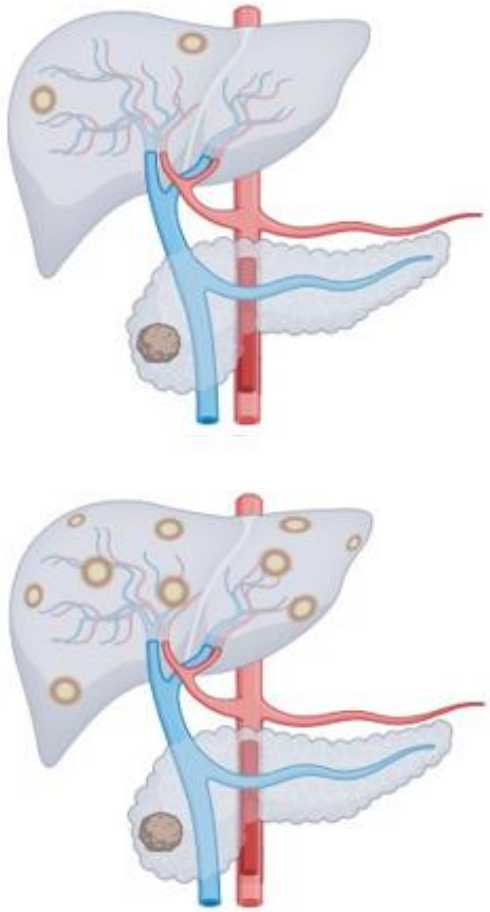




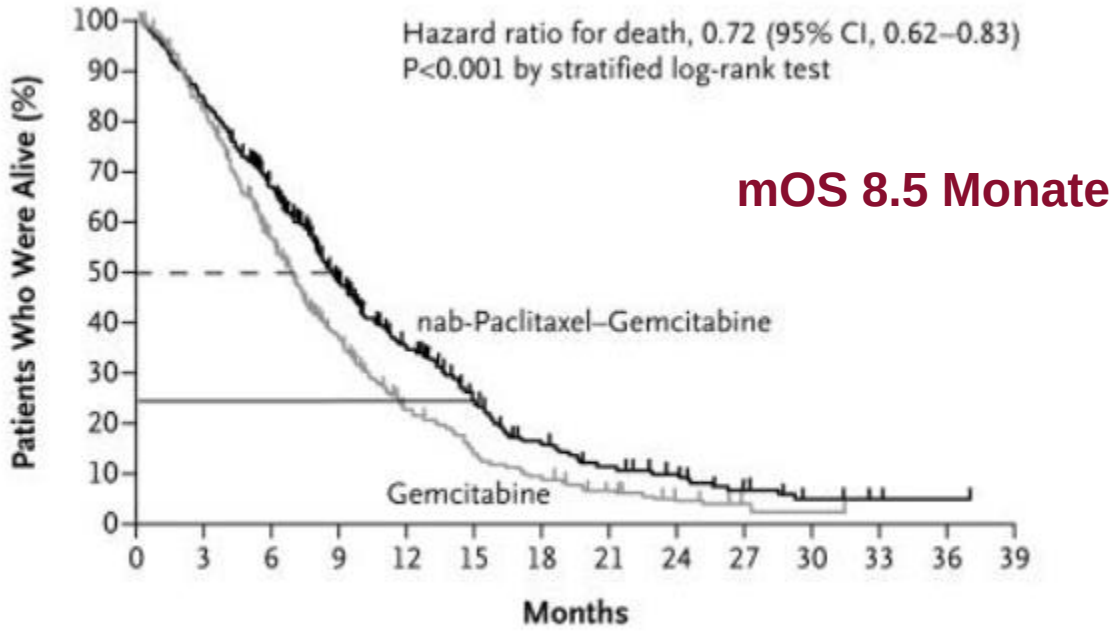
mOS 11.1 Monate

Conroy T et al. N Engl J Med. 2011

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM



Overall Survival



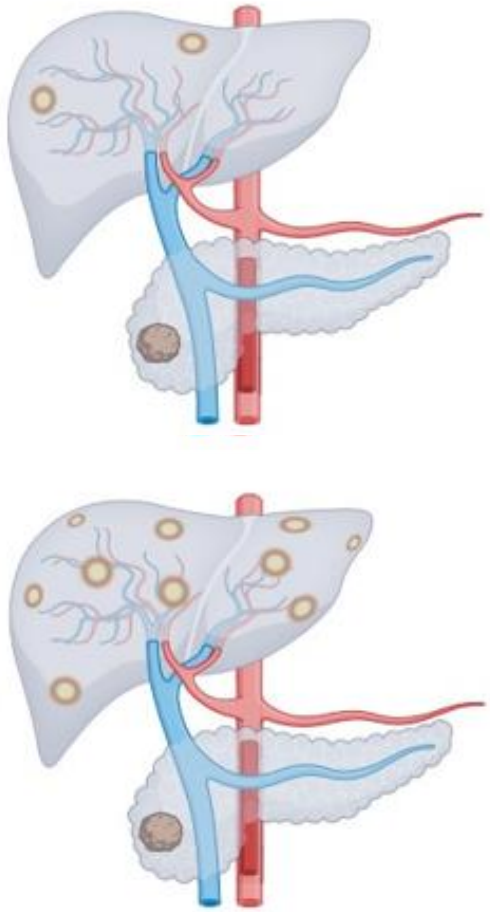
mOS 8.5 Monate

No. at Risk

nab-Paclitaxel–Gemcitabine	431	357	269	169	108	67	40	27	16	9	4	1	1	0
Gemcitabine	430	340	220	124	69	40	26	15	7	3	1	0	0	0

Von Hoff D et al. N Engl J Med. 2013

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM



NAPOLI 3: Study design

N = 770

Key inclusion criteria

- Confirmed PDAC not previously treated in the metastatic setting
- Metastatic disease diagnosed ≤6 weeks prior to screening
- ≥1 metastatic lesions measurable by CT/MRI according to RECIST v1.1
- ECOG PS of 0 or 1

R 1:1

Stratification

- ECOG PS 0/1
- Region
- Liver metastases

NALIRIFOX

Liposomal irinotecan 50 mg/m²
+ **5-FU** 2400 mg/m²
+ **LV** 400 mg/m²
+ **oxaliplatin** 60 mg/m²
Days 1 and 15 of a 28-day cycle

Gem+NabP

Gem 1000 mg/m²
+ **NabP** 125 mg/m²
Days 1, 8 and 15 of a 28-day cycle

Tumor assessment every 8 weeks per RECIST v1.1[a]

Treatment until disease progression, unacceptable toxicity or study withdrawal[b]

Follow-up every 8 weeks until death or study end[c]

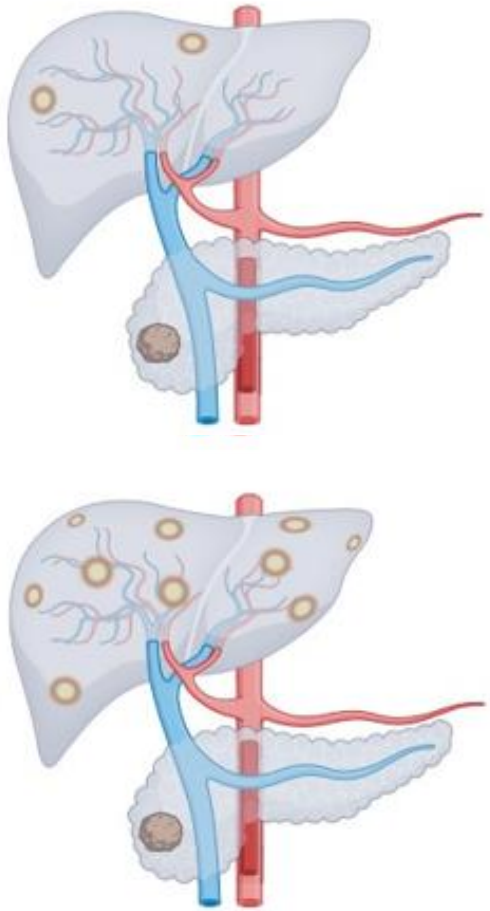
[a]Tumor assessments (RECIST v1.1) were performed at baseline and every 8 weeks until radiologically progressive disease or until the start of another anti-cancer treatment, whichever came first. [b]Dose delays were permitted; if oxaliplatin was not well tolerated, patients in arm 1 could continue to receive liposomal irinotecan + 5-FU/LV. [c]The study will be completed once all patients have discontinued the study treatment and at least 543 OS events have occurred in randomized patients.
5-FU, 5-fluorouracil; CT, computed tomography; ECOG PS, Eastern Cooperative Oncology Group performance status; Gem, gemcitabine; LV, leucovorin; MRI, magnetic resonance imaging; NabP, nab-paclitaxel; OS, overall survival; PDAC, pancreatic ductal adenocarcinoma; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors.

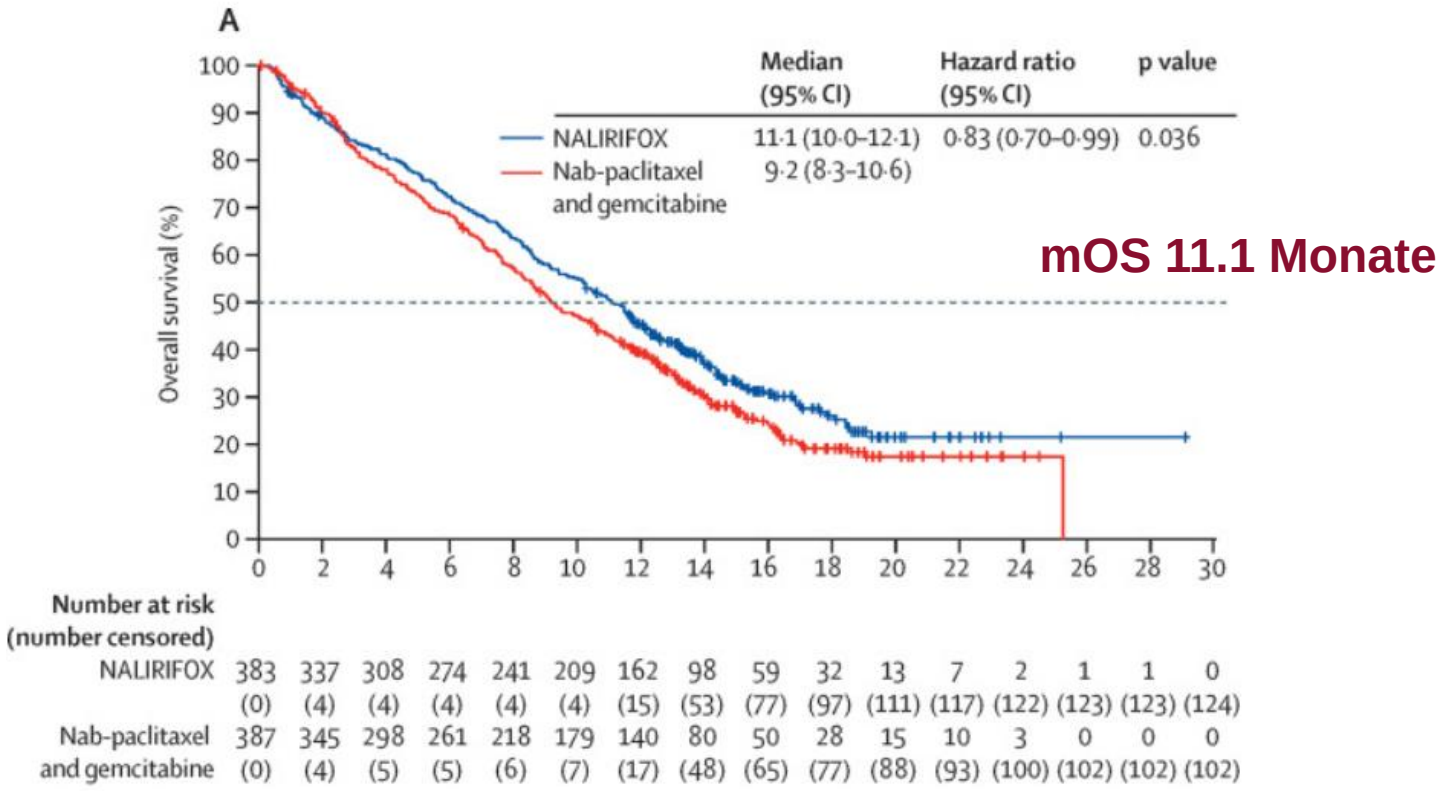
ASCO Gastrointestinal Cancers Symposium #GI23

PRESENTED BY: Professor Zev A Wainberg

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM

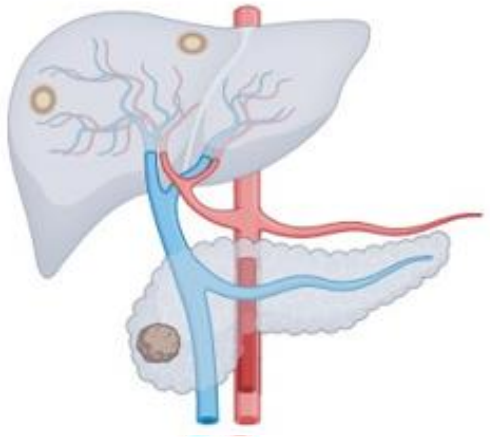




mOS 11.1 Monate

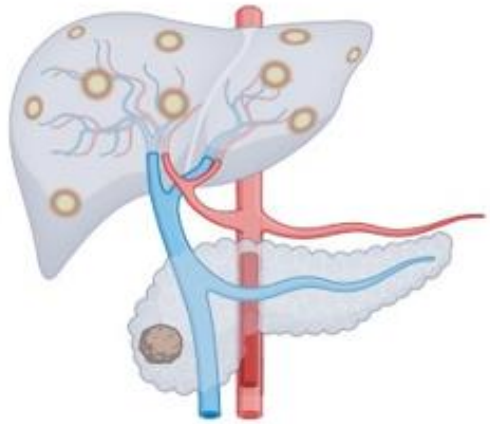
Wainberg ZA et al. Lancet. 2023

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM



NALIRIFOX versus nab-paclitaxel and gemcitabine in treatment-naive patients with metastatic pancreatic ductal adenocarcinoma (NAPOLI 3): a randomised, open-label, phase 3 trial

Zev A Wainberg, Davide Melisi, Teresa Macarulla, Roberto Pazo Cid, Sreenivasa R Chandana, Christelle De La Fouchardière, Andrew Dean, Igor Kiss, Woo Jin Lee, Thorsten O Goetze, Eric Van Cutsem, A Scott Paulson, Tanios Bekaii-Saab, Shubham Pant, Richard A Hubner, Zhimin Xiao, Huanyu Chen, Fawzi Benzaghou, Eileen M O'Reilly

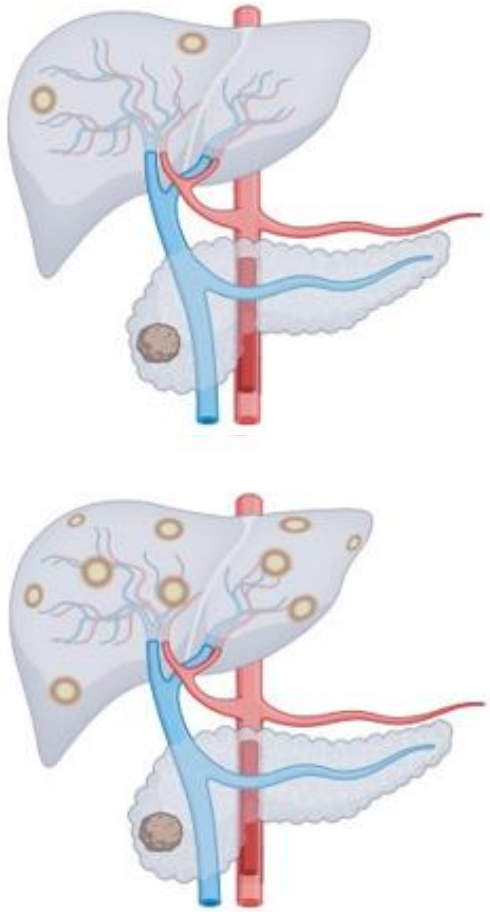


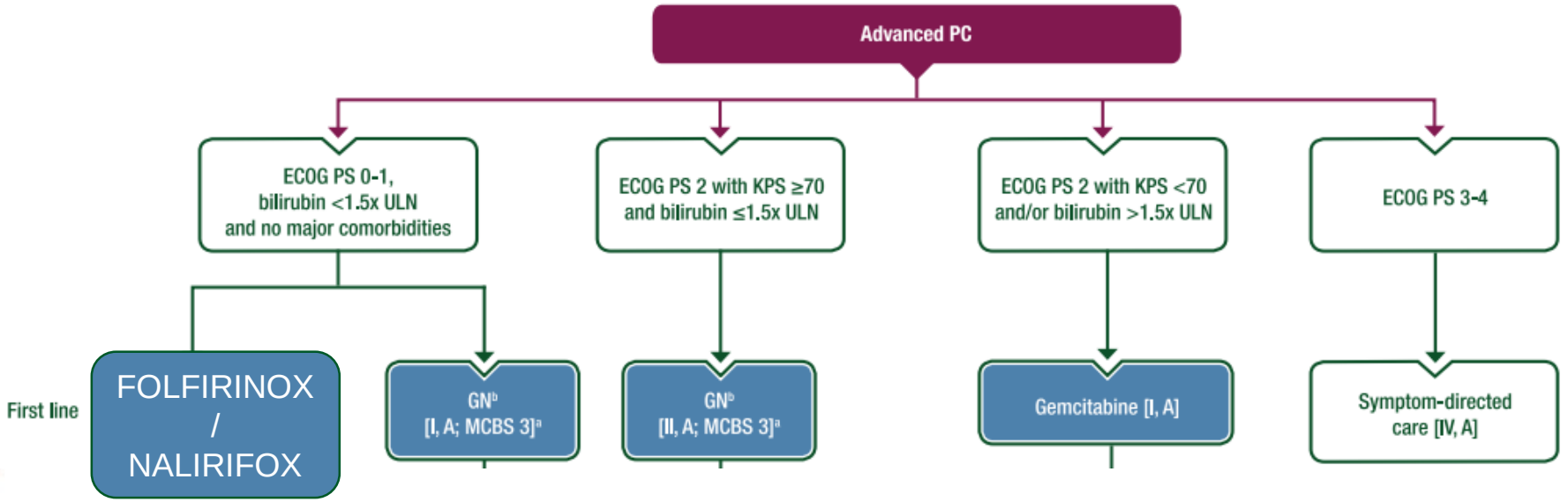
- Zulassung Ende April 2024 -> weitere Therapieoption in der Erstlinie
- Überlegenheit zu Gemcitabin/nab-Paclitaxel

Offene Fragen:

- Gleichwertigkeit zu FOLFIRINOX?
- Kosten gerechtfertigt?

FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM





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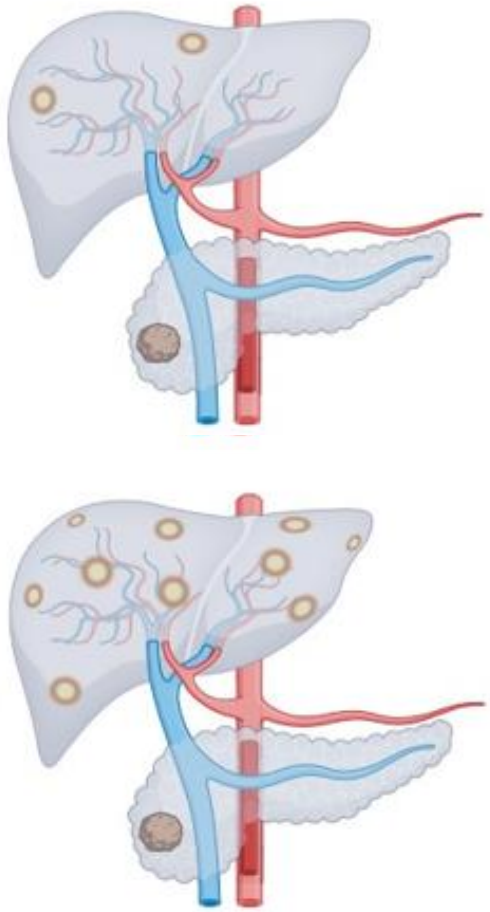
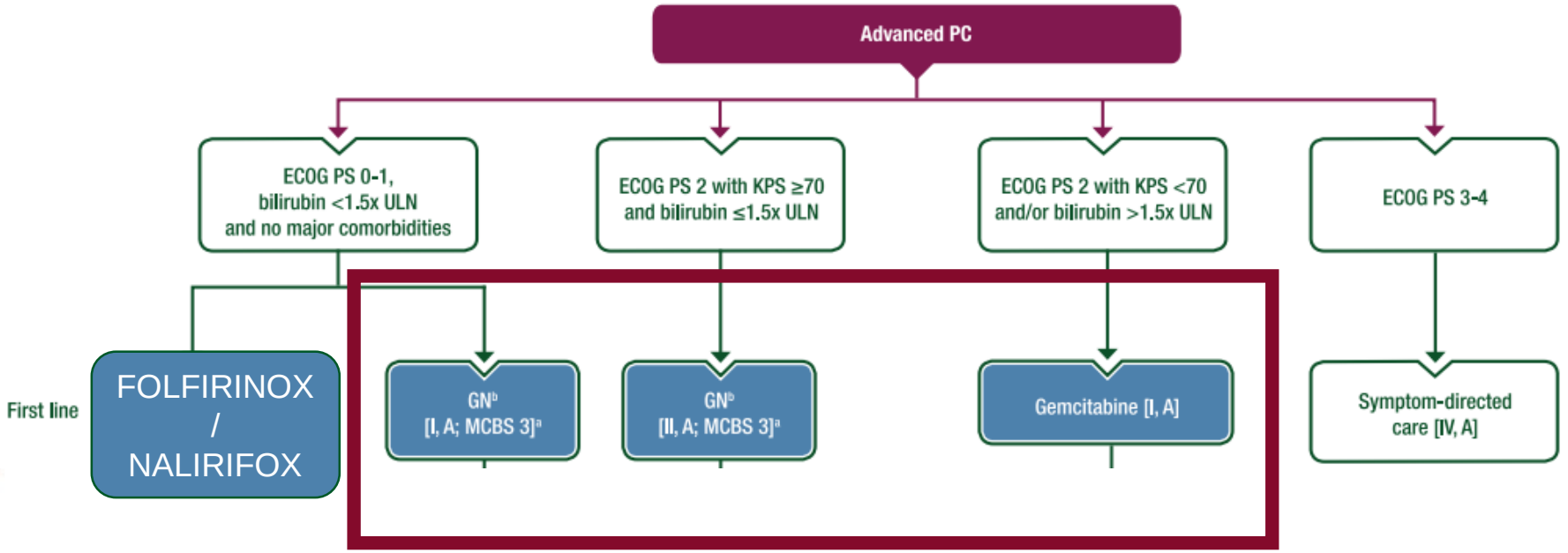
FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM





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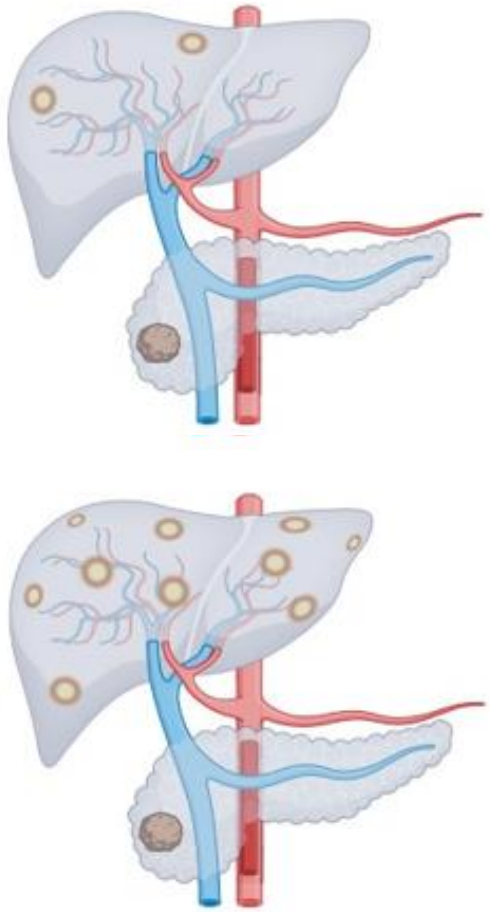
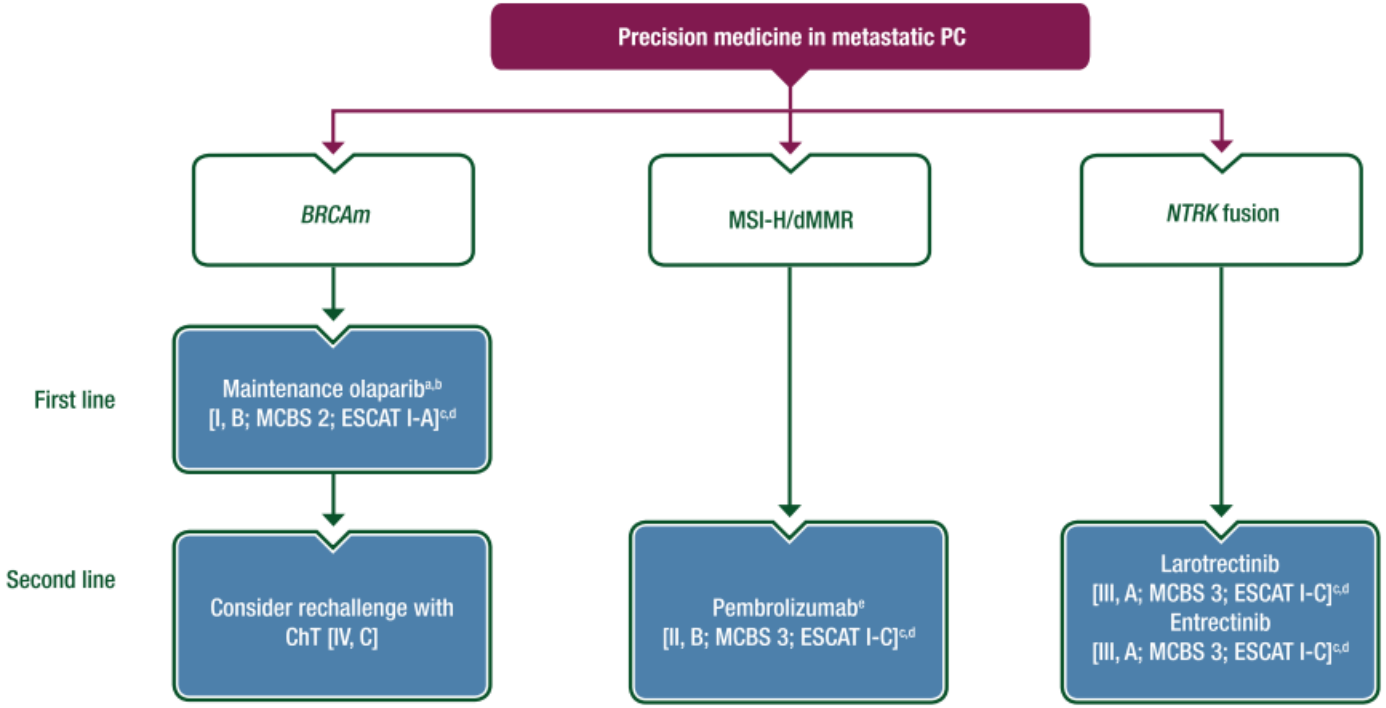
FORTGESCHRITTES/ METASTASIERTES PANKREASKARZINOM





ESMO Guideline 2023

Five-year survival for pancreatic cancer increased to 13%

MORE HOPE THAN EVER BEFORE FOR PANCREATIC CANCER PATIENTS

American Cancer Society, Cancer Facts and Figures, 2024

PANCREATIC CANCER ACTION NETWORK

VIELEN DANK FÜR IHRE AUFMERKSAMKEIT