

NCCN Pancreatic Adenocarcinoma Guidelines V.1.2012 – August 15, 2011

Guideline Page and Request	Panel Discussion	References	Vote		
			Yes	No	Abstain
PANC-8; PANC-9; PANC-E 1 of 3 Internal request: Should capecitabine monotherapy be included as an option for metastatic and locally advanced disease?	Capecitabine monotherapy was shown to have similar efficacy to gemcitabine monotherapy for second-line therapy in a randomized phase III trial, but capecitabine monotherapy has not been studied as first-line therapy. The panel therefore unanimously agreed to change the recommendation from category 2A to category 2B.	Boeck SH, Vehling-Kaiser U, Waldschmidt D, et al. Gemcitabine plus erlotinib (GE) followed by capecitabine (C) versus capecitabine plus erlotinib (CE) followed by gemcitabine (G) in advanced pancreatic cancer (APC): A randomized, cross-over phase III trial of the Arbeitsgemeinschaft Internistische Onkologie (AIO) [abstract]. J Clin Oncol 2010;28 (18s suppl):LBA4011. Available at: http://www.asco.org/ASCOv2/Meetings/Abstracts?&vmview=abst_detail_view&confID=74&abstractID=41201	14 (for 2B)	0	0
PANC-E 1 of 3 Internal request: Should combination gemcitabine + cisplatin (especially for patients with possible hereditary cancers) be included as an option for metastatic and locally advanced disease?	In a single-center retrospective review, patients with a family history of pancreatic cancer were found to have a significant survival advantage when treated with platinum-based chemotherapy. The panel unanimously agreed to recommend gemcitabine + cisplatin (especially for patients with possible hereditary cancers). The recommendation was therefore changed from category 2B to category 2A.	Oliver GR, Sugar E, Laheru D, Diaz LA. Family history of cancer and sensitivity to platinum chemotherapy in pancreatic adenocarcinoma [abstract]. Gastrointestinal Cancers Symposium 2010:180. Available at: http://www.asco.org/ascov2/Meetings/Abstracts?&vmview=abst_detail_view&confID=72&abstractID=2395	14	0	0
PANC-E 1 of 3 Internal request: Should fluoropyrimidine + oxaliplatin (eg, 5-FU/leucovorin/oxaliplatin or CapeOx) be added as an option for metastatic and locally advanced disease?	A randomized phase III trial and a phase II trial show these drug combinations to be effective in second-line treatment of advanced pancreatic cancer. The panel feels the extrapolation to first-line therapy is appropriate as a category 2B recommendation. Therefore, the panel unanimously voted to add fluoropyrimidine + oxaliplatin (eg, 5-FU/leucovorin/oxaliplatin or CapeOx) for metastatic and locally advanced disease as a 2B recommendation.	Pelzer U, Schwaner I, Stieler J, et al. Best supportive care (BSC) versus oxaliplatin, folinic acid and 5-fluorouracil (OFF) plus BSC in patients for second-line advanced pancreatic cancer: a phase III-study from the German CONKO-study group. Eur J Cancer 2011;47:1676-1681. Available at: http://www.ncbi.nlm.nih.gov/pubmed/21565490 Xiong HQ, Varadhachary GR, Blais JC, et al. Phase 2 trial of oxaliplatin plus capecitabine (XELOX) as second-line therapy for patients with advanced pancreatic cancer. Cancer 2008;113:2046-2052. Available at: http://www.ncbi.nlm.nih.gov/pubmed/18756532	13 (for 2B)	0	0