

Pancreatic Ductal Adenocarcinoma (PDAC): The Patient's Journey and Highest Unmet Need

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PDAC outcomes are unyieldingly poor even despite improvement in the overall picture for many cancers. Stage for stage, PDAC is associated with the lowest survival rates of any major cancer type. There has been little progress in improving outcomes over the past years and remains one of the most deadly cancers. Reasons for this include the lack of early detection and effective treatments. PDAC is the only one of the top five cancer killers for which deaths are projected to increase. Such figures justify the positioning of PDAC as a cancer of significant unmet need.

The early detection: The best chance for curing the disease is early detection. PDAC is relatively uncommon, the average person has only a 1% chance developing PDAC over life time. General screening is not recommended and the future is in selective screening of people who are at high risk for malignant tumours to detect premalignant tumours or early stage potentially curable by surgery.

The total diagnostic interval is longer for PDAC than for other cancers. The diagnostic workup time to the start of treatment should be as short as possible, less than one month since the occurrence of the initial suspicious findings.

Biomarkers for early detection: There remains no clinically useful test today to detect early PDAC and/or high-grade PanINs.

Treatment: Parallel improvements in systemic and locoregional therapies and rapid implementation of novel therapeutics to clinical practice are needed. There is no effective targeted therapy available in the clinics and immunotherapy has so far disappointed.

Conclusion: PDAC remains a difficult, and growing, problem in oncology. We are now better understanding the biology, especially with respect to genomic (both somatic and germline) alterations as pathogenic, predictive, and prognostic factors. The ultimate goal of considerable improvement in clinical outcomes will require continued scientific and clinical investigations, multidisciplinary care of patients, and focus on collaborative research across various institutions.

Biography:

Professor Petruželka graduated as MD from First Medical Faculty of Charles University in 1976, achieving PhD at the same Institution in 1997. He is certified specialist in Radiotherapy and in Medical Oncology (including ESMO Certification in 1995). Since 2001 he works as head of Department of Oncology, First Faculty of Medicine, Charles University, and General University Hospital in Prague and also head of Institute for Radiation Oncology and Department of Oncology First Faculty of Medicine Military Hospital in Prague. Professor Petruželka is actively involved in pre-gradual and post-gradual teaching and academic activities in clinical oncology and in 2008 was designated as Professor of Medicine and Oncology at Charles University in Prague. His major clinical and research interests include area of gastrointestinal and lung cancer, new drugs, targeted therapy, immunotherapy of solid tumours and predictive oncology. He is currently member of the board of Czech Society of Clinical Oncology and member of other international Societies (ASCO, EORTC, AACR, SITC). He was a national representative of the Czech Republic in ESMO. He is an active member PCE platform (pancreaticcancereurope). He is also active as member of CELC-Central European Lung Cancer board and as member of scientific and educational board of CECOG – Central European Cooperative Oncology Group. He is author of numerous scientific publications and chapters in medical books, chairman of international editorial board for Central European version of Lancet Oncology and member of editorial boards in Magazine of European Medical Oncology and local professional journals (Journal of Czech Physicians, Clinical Oncology, Oncology Care).