



# Ontario Health

## Cancer Care Ontario

Guideline 2-33 IN REVIEW

A Quality Initiative of the  
Program in Evidence-Based Care (PEBC), Ontario Health (Cancer Care  
Ontario)

### Role of Adjuvant Treatment in Resected Pancreatic Ductal Adenocarcinoma

*J. Biagi, R. Cosby, M. Bahl, T. Elfiki, R. Goodwin, J. Hallet, K. Hirmiz, A. Mahmud and the  
Gastrointestinal Disease Site Group*

Report Date: June 20, 2022

An assessment conducted in December 2024 placed Guideline 2-33 IN REVIEW. This means that it is undergoing a review for currency and relevance. It is still appropriate for this document to be available while this updating process unfolds. The PEBC has a formal and standardized process to ensure the currency of each document ([PEBC Assessment & Review Protocol](#))

Guideline 2-33 is comprised of 5 sections. You can access the summary and full report here: <https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/71976>

Section 1:	Recommendations
Section 2:	Guideline - Recommendations and Key Evidence
Section 3:	Guideline Methods Overview
Section 4:	Systematic Review
Section 5:	Internal and External Review

For information about this document, please contact Dr. Jim Biagi, the lead author, through the PEBC at:

Phone: 905-527-4322 ext. 42822 Fax: 905-526-6775 E-mail: [ccopgi@mcmaster.ca](mailto:ccopgi@mcmaster.ca)

For information about the PEBC and the most current version of all reports, please visit the OH (CCO) website at <https://www.cancercareontario.ca/en/guidelines-advice> or contact the

PEBC office at:

Phone: 905-527-4322 ext. 42822 Fax: 905-526-6775 E-mail: [ccopgi@mcmaster.ca](mailto:ccopgi@mcmaster.ca)

**PEBC Report Citation (Vancouver Style):** Biagi J, Cosby R, Bahl M, Elfiki T, Goodwin R, Hallet J, et al. Role of Adjuvant Treatment in Resected Pancreatic Ductal Adenocarcinoma. Toronto (ON): Ontario Health (Cancer Care Ontario); 2022 June 10 [In Review 2024 Dec]. Program in Evidence-Based Care Guideline No.: 2-33 IN REVIEW.

*Copyright*

This report is copyrighted by Ontario Health (Cancer Care Ontario); the report and the illustrations herein may not be reproduced without the express written permission of Ontario Health (Cancer Care Ontario). Ontario Health (Cancer Care Ontario) reserves the right at any time, and at its sole discretion, to change or revoke this authorization.

*Disclaimer*

Care has been taken in the preparation of the information contained in this report. Nevertheless, any person seeking to consult the report or apply its recommendations is expected to use independent medical judgment in the context of individual clinical circumstances or to seek out the supervision of a qualified clinician. Ontario Health (Cancer Care Ontario) makes no representations or guarantees of any kind whatsoever regarding the report content or its use or application and disclaims any responsibility for its use or application in any way.

# Role of Adjuvant Treatment in Resected Pancreatic Ductal Adenocarcinoma

## Recommendations

*This section is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, the systematic review, and the guideline development process, see the Full Report.*

### **GUIDELINE OBJECTIVES**

To make recommendations regarding the adjuvant treatment (adjuvant chemotherapy, adjuvant chemoradiation therapy [CRT] and adjuvant stereotactic body radiation therapy [SBRT]) of patients with resected pancreatic ductal adenocarcinoma (PDAC) with respect to overall survival, progression-free survival, toxicity/safety, and quality of life.

### **TARGET POPULATION**

These recommendations apply to adults with resected PDAC with R0 or R1 margins who are eligible for adjuvant treatment. This guideline does not apply to patients being considered for neoadjuvant therapy of PDAC.

### **INTENDED USERS**

The intended users of this guideline are clinicians involved in the delivery of care to patients with resected PDAC.

### **RECOMMENDATIONS**

#### **Recommendation 1**

Adjuvant chemotherapy is recommended for patients with R0 or R1 resected pancreatic ductal adenocarcinoma. Modified FOLFIRINOX (mFOLFIRINOX) is recommended for appropriately fit patients. If a patient is not suitable for mFOLFIRINOX, alternative options include gemcitabine plus capecitabine or gemcitabine alone.

#### **Recommendation 2**

There is insufficient evidence to support the routine use of adjuvant chemoradiation for patients with R0 or R1 resected PDAC. The role for adjuvant CRT remains uncertain.

#### **Recommendation 3**

Following surgical resection of pancreatic cancer, adjuvant SBRT is only recommended on a clinical trial or multi-institutional registry. (Endorsed from the American Society for Radiation Oncology [ASTRO] guideline by Palta et al. 2019) (1).