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PANCREATIC CANCER: SHIFT IN TRIAL FOCUS NEEDED

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DESPITE delayed diagnosis, poor survival, and high symptom burden being notorious issues in pancreatic cancer, few clinical trials have been conducted in areas of prevention or early detection, initial investigations and referral, or end-of-life and supportive care, according to authors of a Perspective published today by the *Medical Journal of Australia*.

Although pancreatic cancer makes up just 2.8% of all new cancer diagnoses in Australia, it is responsible for 6.9% of all cancer-related deaths.

"This is due to its poor prognosis, with 50% of patients presenting with metastatic disease at diagnosis," wrote the authors, led by Ms Nadia Khan, from Monash University's Cancer Research Program.

"In the period 2013–2017, the 5-year survival rate for pancreatic cancer was 11.5%, being among the lowest for all cancers and having only marginally improved from 10.7% in 2012–2016.

"Patients also experience high symptom burden across all stages of their cancer journey, which contributes to anxiety, depression and poor quality of life."

Khan and colleagues undertook a review of clinical trials in pancreatic cancer to understand the gaps and opportunities in the current clinical trials landscape along the pancreatic cancer care continuum.

"Of the investigator-initiated trials focused on pancreatic cancer (25 trials), a large proportion explored interventions along the earlier steps of the Optimal Care Pathway, including diagnosis, staging and treatment planning (9/25, 36%) as well as treatments for non-metastatic disease (10/25, 40%), particularly chemotherapy and/or radiotherapy for localised disease," they reported.

"The opposite trend was observed for industry-sponsored trials focused on pancreatic cancer (28 trials), which predominantly investigated treatment for recurrent, residual or metastatic disease (23/28, 82%).

"None of the identified trials that focused exclusively on pancreatic cancer investigated prevention and early detection; presentation, initial investigations and referral; nor end-of-life care. Furthermore, a minimal number of investigator-initiated trials explored supportive care-related interventions (2/25, 8%).

"In contrast, a greater proportion of investigator-initiated trials conducted in other cancers including pancreatic cancer (15 trials) explored early detection (1/15, 7%), pharmacogenetics (1/15, 7%), prehabilitation (2/15, 13%), emerging therapies (1/15, 7%), and supportive care (5/15, 33%).

"Industry-sponsored trials conducted in other cancers including pancreatic cancer (68 trials) had a greater focus on targeted therapies (20/68, 29%) and immunotherapies (16/68, 24%) in non-metastatic disease. However, it is unclear what proportion of the overall sample in these studies would be represented by participants with pancreatic cancer."

The authors concluded that there is a "clear urgency for future clinical trials to focus on the steps of the pancreatic cancer continuum which have been suboptimally explored to date, in areas such as early detection, initial presentation, diagnostic investigations, timely referral, novel therapies and supportive and end-of-life care".

"Targeted calls for funding for clinical trials networks may aid this process. Greater collaborative efforts by investigators located across Australian states and territories, as well as between Australia and other countries, are also warranted."

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