



## Pancreatic cancer

Malignant tumors of the pancreas—mainly pancreatic ductal adenocarcinoma (PDAC)—display a significant cancer burden to the population with an incidence of ~12.1/100,000 and a mortality of ~11.1/100,000 (1). In the Western world and in Germany, PDAC is currently ranked fourth place for causing cancer-related deaths (1,2). Furthermore, due to the increasing prevalence of PDAC and the stagnation in treatment strategies, PDAC is expected to reach rank two of cancer-related deaths by the year of 2030 (2).

For diagnosis of pancreatic cancer modern imaging techniques as well as endosonography and FNA are essential, to accurately assess tumor burden and plan therapy accordingly. Especially in advanced stages of pancreatic cancer or borderline resectable tumors neoadjuvant chemotherapy/radiochemotherapy is applied to increase rates of secondary resectability and to improve outcome of the patient (3,4). In such advanced stages, also radical resections are warranted which may also include vessel resections (e.g., portal vein/superior mesenteric vein) (3). In resectable tumors adjuvant chemotherapy is recommended after resection of the primary tumor (3,5).

For patients with palliative situations (e.g., distant metastases) palliative chemotherapy as well as in selected patients palliative surgery can be combined with palliative application of RFA, IRE or application of stents to attenuate patients' symptoms (3,6). Furthermore, adequate nutritional concepts in conjunction with pancreatic enzyme replacement therapy play a pivotal role in patients with pancreatic cancer, independent on the tumor stage.

All these aspects are addressed in this focused issue on pancreatic cancer and for each topic an expert and his coworkers of the field contributed an up-to-date-review on current clinical practice and the latest literature covering the field. We hope that this special issue will serve as a helpful guide for clinicians dealing with pancreatic cancer patients. We hope it will contribute to the decision-making processes in the clinic and give inspiration for novel well designed clinical studies to improve the diagnostic and treatment options for pancreatic cancer patients.

### Acknowledgments

None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/tgh.2019.12.15

**View this article at:** <http://dx.doi.org/10.21037/tgh.2019.12.15>

doi: 10.21037/tgh.2019.12.15

**Cite this article as:** Friess H, Scheufele F. Pancreatic cancer.  
Transl Gastroenterol Hepatol 2020;5:32.