



Battling pancreatic cancer: the role of Chinese surgeons

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Pancreatic cancer is becoming an increasingly common cause of cancer mortality and a growing global burden. The survival rate of pancreatic cancer has always been dismal, but it is improving with state-of-the-art multidisciplinary treatment strategies. The most recent data from the Surveillance, Epidemiology, and End Results (SEER) program showed that the 5-year survival rate of pancreatic cancer has reached 11.5% (1). While this looks promising, it is still far from satisfactory and there is room for improvement. International collaboration is the key to maximizing creativity and innovation in terms of the development of diagnosis and treatment strategies that can improve the survival rate of this lethal malignancy.

The prognosis of pancreatic cancer patients in China has been improving due to the continuous efforts of Chinese physicians (2), who have emerged as key innovators in the development of novel treatment strategies for pancreatic cancer. Under the leadership of Prof. Yupei Zhao, the Honorary President of Peking Union Medical College Hospital, Chinese pancreatic surgeons have made great efforts and contributions to the global innovation network in pancreatic cancer. I have visited China many times, and have attended the International HBP Forum, a large-scale, high-profile meeting that focuses on pancreatic cancer in China. During the International HBP Forum, I met and familiarized myself with many talented Chinese pancreatic surgeons, including the organizer of the forum, Prof. Tingbo Liang. In my view, Prof. Liang has always been a pioneer and innovator in the field of pancreatic cancer in China.

One of Prof. Liang's significant contributions is his role in the widespread application of the modified

FOLFIRINOX regimen for the treatment of pancreatic cancer in China. Although the modified FOLFIRINOX regimen has been widely used in palliative, neoadjuvant, and adjuvant settings for advanced pancreatic cancer in the West, it has only gained popularity in recent years in China. This is because Chinese physicians were cautious about introducing this regimen for pancreatic cancer, as they were unsure about patient tolerance and treatment efficacy. As one of the pioneers in promoting multidisciplinary teamwork for pancreatic cancer in China, Prof. Liang introduced a highly modified form of FOLFIRINOX and used it to treat Chinese pancreatic cancer patients. Based on this experience with the modified regimen, he published the first English language paper about its application for the treatment of metastatic pancreatic cancer in Chinese patients (3). He also wrote another popular paper on the use of modified FOLFIRINOX as neoadjuvant therapy for locally advanced pancreatic cancer (LAPC) (4). These works published by Prof. Liang have increased the popularity of this regimen in China.

The definition of "resectability" in relation to localized pancreatic cancer has been evolving. Since 2020, there has been a minor change in the criteria for defining resectability status according to the National Comprehensive Cancer Network (NCCN) guidelines for pancreatic cancer. That is, the "unresectable" category was replaced by "locally advanced" to reflect the view of surgeons that surgical resection is still a practical option for LAPC, if the tumor is reconstructable by any means. Recently, I noticed that Prof. Liang's team has developed an innovative procedure for LAPC with significant involvement of the superior mesenteric artery (SMA) and superior mesenteric vein

(SMV). They named this procedure “radical resection combined with intestinal autotransplantation” (RRCIA), and they found that it was efficient for “non-touch” and “en-bloc” R0 resection of LAPC with longitudinal encasement of SMA and SMV. I have watched with great interest the video depicting the RRCIA procedure and learned about their promising primary results in terms of the safety and short-term efficacy of this procedure.

I have witnessed the rapid progress of pancreatic cancer research and treatment in China over the past 10 years, where treatment strategies have switched from arbitrary decision-making to multidisciplinary approaches. The multidisciplinary approach for non-metastatic pancreatic cancer includes neoadjuvant therapy, surgery, and adjuvant therapy. Importantly, over the last few decades, Chinese physicians have become one of the main driving forces in the field of pancreatic cancer treatment. I hope that my Chinese colleagues continue to make greater contributions to the global collaboration network for the development of novel therapeutic strategies for pancreatic cancer.

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