Pancreatic Cancer

Case Description:

The patient is a 71-year-old man with a diagnosis of borderline resectable vs. locally advanced pancreatic adenocarcinoma after initially presenting with abdominal pain. MRI of the abdomen demonstrated a 3.4 cm pancreatic head/neck mass with pancreatic ductal dilation and vascularinvolvement, including approximately 50% encasement of the superior mesenteric artery (SMA) and placement of an uncovered metal biliary stent. Baseline CA 19-9 was <2.

He was treated with neoadjuvant FOLFIRINOX and completed 8 cycles. Restaging CT demonstrated persistent pancreatic tumor with continued approximately 180-degree abutment of the SMA, increased compared with prior imaging, without evidence of definite distant metastatic disease. Given persistent vascular involvement precluding upfront resection, he was evaluated by surgical oncology and referred to radiation oncology. Decision was to treat with dose-escalated radiotherapy, 50 Gy/33 Gy in 5 fractions with plan for potential surgical exploration after.

Homework:

- Contour ITV
- Contour duodenum
- Contour CTV50 and CTV33 at level of celiac takeoff
- Contour CTV50 and CTV33 at level of SMA/SMV tumor abutment

Please refer to NRG consensus contouring atlas and e-contour tutorial:

- https://www.nrgoncology.org/ciro-gastrointestinal
- https://econtour.org/cases/180