

Pancreatic Cancer Clinician Decision Tree MALTHUS. Update March 2013

Pancreatic Cancer	Stage I T1-2, N0, M0 <b>&lt;10%</b>	Surgery Resectable <b>70%</b>	No radiotherapy <b>100%</b>	
		Non resectable <b>30%</b>	Adjuvant Radiotherapy <b>0%</b>	Currently no evidence to support 45 Gy/25 # 50.4 Gy/28#
			Chemo-radiotherapy [CRT] <b>20%</b>	50.4 Gy/28#, 54 Gy/28#
	Stage II IIA T3, N0, M0 IIB T1, N1 T2, N2 T3, N1 M0 <b>20%</b>	Surgery Resectable <b>20%</b>	No Radiotherapy <b>&gt;98%</b>	
		Unresectable <b>80%</b>	Adjuvant Chemo-Radiotherapy <b>&lt;2%</b>	45 Gy/25# 50.4 Gy/28# Currently no evidence to support
			Chemo-radiotherapy Consider SCALOP Trial <b>20%</b>	50.4 Gy/28, 54 Gy/28#
			BSC/stent <b>80%</b>	
	Stage III T4, any N, M0 <b>20%</b>	Unresectable	CRT Consider SCALOP Trial <b>20%</b> Palliative RT Currently no evidence to support <b>&lt;10%</b>	50.4 Gy/28, 54 Gy/28#  Local 36 Gy/15#, 30 Gy/10#, 20 Gy/5
			BSC/stent <b>70%</b>	
	Stage IV Any T, any N, M1 <b>50%</b>	Local Symptoms[due to primary]	XBRT palliative RT <b>10%</b>	36 Gy/15# 30 Gy/10#, 20 Gy/5#
BSC Stent <b>90%</b>				
Distant metastases		XBRT palliative RT <b>&lt;10%</b>	Radiotherapy 20 Gy/5# for cerebral metastases + spinal cord compression. 8 Gy/1# bone, occasionally 20 Gy/5#	

Percentages in red are clinical estimates

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#### Guidelines

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#### Trial

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