SCHEMA

Induction Chemotherapy: mFOLFIRINOX × 4 cycles

Stable or Better Disease

Restage

Progression

Off Study

Randomize

Arm 1

mFOLFIRINOX

Arm 2

SBRT+mFOLFIRINOX
PANCRS/LU206626: Pancreatic Cancer Radiotherapy Study Group (PanCRS) Trial: A Randomized Phase III Study Evaluating Modified FOLFIRINOX (mFFX) with or without Stereotactic Body Radiotherapy (SBRT) in the Treatment of Locally Advanced Pancreatic Cancer.

Eligibility:

1. Histologically confirmed adenocarcinoma of the pancreas.

2. Induction mFolfox6 up to 4 cycles (specifics in Section 4.1.1 Induction Chemotherapy).

3. Stable or better disease on re-staging scans.

4. Determined unresectable by a pancreatic cancer surgeon or a multi-disciplinary or gastrointestinal oncology Tumor Board.

5. Typically, pancreatic tumors must be less than 8.0 cm in greatest axial dimension at the time of treatment planning but final determination of eligibility will be based upon satisfying the radiation normal tissue constraints as specified below in section 6.1.3 Radiation Treatment Planning.

6. ECOG 0, 1, or 2 (see Appendix II).

7. Patients must have acceptable organ and marrow function as defined below and within 30 days of eligibility confirmation:
   - leukocytes (WBC) >3,000/μL
   - absolute neutrophil count (ANC) >1,500μL
   - platelets >50,000/μL
   - total bilirubin within 2.0 X normal institutional limits
   - AST(SGOT) / ALT(SGPT) <2.5 X institutional upper limit of normal
   - Creatinine within normal institutional limits.

8. Ability to understand and the willingness to sign an informed consent form.

9. Life expectancy > 6 months.
PANCRS TRIAL/LU206626

Pancreatic Cancer Radiotherapy Study Group (PanCRS) Trial: A Randomized Phase III Study Evaluating Modified FOLFIRINOX (mFFX) with or without Stereotactic Body Radiotherapy (SBRT) in the Treatment of Locally Advanced Pancreatic Cancer

Exclusion Criteria:

1. Metastatic disease.

2. Patients who have had prior radiotherapy to the upper abdomen/liver.

3. Patients who have received chemotherapy for pancreatic cancer, other than up to 4 cycles of mFolﬁrininox.

4. Children are excluded because pancreatic tumors rarely occur in this age group.

5. Uncontrolled intercurrent illness including, but not limited to, ongoing or active infection (or infections requiring systemic antibiotic treatment), symptomatic congestive heart failure, unstable angina pectoris, cardiac arrhythmia, or psychiatric illness/social situations that would limit compliance with study requirements.

6. Any concurrent malignancy other than non-melanoma skin cancer, non-invasive bladder cancer, or carcinoma in situ of the cervix. Patients with a previous malignancy without evidence of disease for > 5 years will be allowed to enter the trial.

7. Pregnant and breastfeeding women are excluded; as well as women of child-bearing potential who are unwilling or unable to use an acceptable method of birth control (hormonal or barrier method of birth control; abstinence) to avoid pregnancy for the duration of the study. Male subjects must also agree to use effective contraception for the same as above. Should a woman become pregnant or suspect she is pregnant while participating in this study, she should inform her treating physician immediately.

8. Women who are not post-menopausal (as deﬁned in Appendix III) and have a positive urine serum pregnancy test or refuse to take a pregnancy test.

9. Direct tumor extension into the stomach, duodenum, small bowel or large bowel involvement with HCC

10. Measureable common or main branch biliary duct involvement with HCC

11. Extrahepatic metastases or malignant nodes (that enhance with typical features of HCC) > 3.0 cm, in sum of maximal diameters (e.g. presence of one 3.4 cm metastatic lymph
node or two 2 cm lung lesions). Note that benign non-enhancing periportal lymphadenopathy is not unusual in the presence of hepatitis and is permitted, even if the sum of enlarged nodes is > 2.0 cm.

12. Use of regular phenytoin, carbamazepine, hypericum perforatum [also known as St. John's wort] or Rifampin

13. Use of combination anti-retroviral therapy for HIV, as these agents may modulate cytochrome P450 isozymes

14. Prior liver transplant