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Preface

Adjuvant Therapy of Pancreatic Adenocarcinoma

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Guest Editor

My intention when asked to edit this issue of *Surgical Oncology Clinics of North America* was to enlist all those who, from my perspective, had suitable experience and documented opinions regarding the subject. Unfortunately, I am certain that there are many with germane opinions and experience who were not afforded an opportunity to participate. However, I am confident that the reader will find an accurate summary of progress in the field to date.

The past decade has seen a profusion of trials on this subject. The results have not been spectacular, but we have learned a great deal. That, in itself, is progress. I believe, and hope, that we practice in a time between the era of chance discovery and a new era of targeted therapy. Surgical issues are largely resolved, and turn primarily upon issues of resectability. It is universally understood that the surgeon's role is to undertake a complete resection of the tumor and to return the patient to full function. There will be room for improvement so long as preoperative judgments regarding resectability and intraoperative attainment of clear margins are imperfect, and until mortality and morbidly rates are zero. The role of adjuvant radiation therapy will be studied and debated. Its importance may wax or wane as newer targeted therapies are discovered and evaluated. Two additional disciplines promise the greatest strides in the conquest of this scourge: screening and drug development. On the one hand, if a technology that detects cancer at a sufficiently early stage is discovered and developed,

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then even current therapy will cure many more patients. On the other, if pancreas cancer can be eliminated by systemic treatment, then current therapy might assume subsidiary roles, or even be rendered unnecessary.

The articles in this issue will not address screening, and only a few will look toward the future. They will, however, describe our progress so far.

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