



<b>Title</b>	<b>Intraoperative Radiotherapy in Pancreatic Cancer</b>
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<b>Reference</b>	Report no. CT 2007/01. <a href="http://www.sergas.es/MostrarContidos_N3_To2.aspx?IdPaxina=60058&amp;uri=/Docs/Avalia-t/CT2007_01%20RIO%20cancer%20de%20pancreas.pdf&amp;hifr=800&amp;seccion=0">www.sergas.es/MostrarContidos_N3_To2.aspx?IdPaxina=60058&amp;uri=/Docs/Avalia-t/CT2007_01%20RIO%20cancer%20de%20pancreas.pdf&amp;hifr=800&amp;seccion=0</a>

## Aim

To assess the efficacy, effectiveness, and safety of intraoperative radiotherapy (IOR) in treating pancreatic cancer; and to estimate the survival of patients with pancreatic neoplasm that have received treatment with IOR.

## Conclusions and results

No evidence clearly shows the greater effectiveness of IOR in treating pancreatic cancer versus other treatments in locally advanced and metastatic stages. The quality of life of treated patients is unknown.

Thirteen papers met the pre-established selection criteria. One of the studies was an IOR assessment report, 4 were retrospective cohort studies, and the remaining 8 were case-series studies, 2 of which belonged to the same series. In general, these studies showed that IOR could slightly increase survival among patients with pancreatic cancer in localized stages. However, the results did not conclusively favor IOR for pancreatic cancer in locally advanced and metastatic stages. None of the published studies assessed quality of life.

## Methods

The following resources were searched: MEDLINE, EMBASE, ISI Web of Science, Cochrane Library Plus, NHS Centre for Reviews and Dissemination (including the DARE, NHS EED and HTA databases), and Trip Database. Other secondary databases and sources were also searched. The citation lists of all relevant articles were examined to assure complete retrieval of studies.

Two independent researchers selected and reviewed the papers according to previously established selection criteria, and the information was synthesized in evidence tables. Study quality was evaluated by using a scale specifically designed for this report.

## Further research/reviews required

Recommended update in 2 years.