## REPLY

## In Response to 'Options for the Treatment of Gemcitabine-Resistant Advanced Pancreatic Cancer: Are We There Yet?'

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Dear Sir:

We read with interest the Professor Saif's comments regarding our recent review of treatment options after progression on gemcitabine-based regimens in patients with metastatic pancreatic cancer [1]. We agree that innovative trial designs, testing agents based on sound preclinical evidence and with correlative biomarker studies are sorely needed if we are to improve outcomes. In this setting, randomised "pick the winner"

Received March 29<sup>th</sup>, 2010 **Key words** Drug Therapy; gemcitabine; Neoplasm Metastasis; Pancreatic Neoplasms **Correspondence** Ioannis Gounaris Oncology Centre, Box 193, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ, United Kingdom Phone: +44-(1)223.245.151 ext 6750; Fax: +44-(1)223.257.155 E-mail: ioannis.gounaris@addenbrookes.nhs.uk **URL** http://www.serena.unina.it/index.php/jop/article/view/3835/4277 phase II trials may be a reasonable way forward. If participation in a clinical trial is impossible, his proposed algorithm for treatment selection is a useful starting point, although it is to be expected that reasonable clinicians will disagree regarding the relative importance and priority of specific agents as high level evidence is lacking. However, we emphasize that our opinion is that for every patient with gemcitabine-resistant pancreatic cancer in whom further treatment is appropriate, participation in a clinical trial should be the first option.

**Conflict of interest** The authors have no potential conflicts of interest

## Reference

1. Gounaris I, Zaki K and Corrie P. Options for the treatment of gemcitabine-resistant advanced pancreatic cancer. JOP. J Pancreas (Online) 2010: 11:113-23. [PMID 20208317]