

Therapeutic effect

Case 451

3. Stable disease

【Progress】

Regrettably, he passed away four months later after receiving chemotherapy of four months later.

【Discussion】

Pancreatic cancer is a malignant tumor that human kind has not been able to control the momentum of malignancy since the initiation of medical history; poor survival, poor treatment regression, unknown cause despite the modern medical technology including surgery, radiation and medicine. Five-year survival rate in the United State of America is 3%, around 50,000 pancreatic cancer death/year, and 60,000 new patients with pancreatic cancer per year (1). Meanwhile in Japan, of the death factors of Japanese people, malignant disease is the first, followed by cardiac disease, and natural aging death. Of the malignant diseases, pancreatic cancer is the 4th rank in men and 3rd rank in women. The total number of pancreatic cancer death is 19859 in men and 20316 in women according to 2023 population statistics from Japan national ministry of health and labor: namely around 40,000 pancreatic cancer death per year in Japan (2).

For poor prognostic pancreatic cancer, new revolution medicine – RAS(ON) multi-selective inhibitor: Raraxonrasib has emerged, publicized in American Society of Clinical Oncologist on June 1st, 2026 (3).

The drug mechanism of RAS(ON) multi-selective inhibitor is as follows. First, the information system of human body should be understood.

In human body, there are various signal routes extra-cellularly: hormone, neurological, and immunological. Meanwhile, although a few signal routes from extracellular information directly to DNA exist, many extracellular signals are relayed at the point of receptors existed at cellular membrane composed of double. The extracellular messages are positively conveyed to DNA proceeding growth, proliferation, differentiation for survives, when intracellular signal route of RAS-GTP (guanine triphosphate) system becomes ON (3-6). whereas, negatively conveyed to DNA when intracellular signal route of RAS-GDP (guanine diphosphate) system becomes ON, indicative of RAS system being inactive called RAS-OFF (3-6). Intracellular RAS-ON system after accepting extracellular message has its downstream effective steps for finally reaching DNA. It is known that pancreatic cancer has itself specific genes (G12D, G12V, G12C) that stimulate to become RAS-ON system always running without extracellular stimulated messages. Colorectal cancer and pulmonary adenocarcinoma also have the same cancer genes of G12D, G12V, G12C that can activate RAS-ON system. The RAS-ON system always running induces cancer emergence and proliferation. RAS(ON)multi-selective inhibitor called daraxonrasib repress the function of total system of RAS-ON and its downstream effectors (3-6).

RAS(ON)multi-selective inhibitor was approved by FDA last year and its clinical data was publicized on June 1 2026 in ASCO, saying that prospective comparison study for advanced pancreatic cancer with liver metastases using draxonrasib vs conventional

chemotherapy such as gemcitabine, and nab-paclitaxel (GnP); FOLFOX (leucovorin, 5-fluorouracil [5-FU], reveals that overall survival rate was 13.2 months vs 6.7 months and progressive free survival was 7.3 months vs 3.5 months, respectively, indicative of marked progress in pancreatic cancer treatment (3). The scientific paper on the effectiveness of RAS(ON)multi-selective inhibitor was given welcome, causing standing ovation in ASCO meeting place demonstrated on X. The clinical study using RAS(ON)multi-selective inhibitor for pancreatic cancer is scheduled to begin in Japan next year.

【Summary】

We presented a fifty-eight-year-old male with pancreatic cancer with liver metastases. He received conventional chemotherapy of gemcitabine and nab-paclitaxel, inducing no change, stable of tumor but leading the limited survivals of four months. RASON multi-selective inhibitor that regress intracellular information route of RASGTP and its downstream effectors brought out the marked therapeutic effect for advanced pancreatic cancer with liver metastases: overall survival 13.2 months, progression free survival 7.3 months. This revolution medicine is scheduled to be used in Japan in the following year of 2027.

【References】

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