Regimen	Indication	No. of Cycles	Delivery	Setting	Common Side Effects (% risk)	Patient Type
FOLFIRINOX	Neoadjuvant or adjuvant (fit patients, resectable or borderline PDAC)	Up to 12 (typically 8 neoadjuvant, 4 adjuvant)	IV 5-FU (infusion), irinotecan, oxaliplatin every 2 weeks	Outpatient	Neutropenia (45–50%), diarrhoea (25–30%), fatigue (60%), neuropathy (30%), nausea (50%)	Younger, fit patients; ECOG 0–1; suitable for intensive multi-drug therapy
Modified FOLFIRINOX (mFOLFIRINOX)	Adjuvant (preferred over FOLFIRINOX in frail patients)	Up to 12 post-op	Same as FOLFIRINOX but dose-reduced	Outpatient	Neutropenia (30–40%), diarrhoea (15–20%), fatigue (40%), neuropathy (20%), nausea (30%)	Older or slightly frail patients; ECOG 0–2; better tolerated than full FOLFIRINOX
Gemcitabine + nab-Paclitaxel	Neoadjuvant or palliative (if FOLFIRINOX not suitable)	Up to 6 pre-op cycles	IV gemcitabine (days 1, 8, 15) + IV nab-paclitaxel (days 1, 8, 15) every 4 weeks	Outpatient	Neutropenia (35–40%), alopecia (80%), fatigue (50%), peripheral neuropathy (25%)	Patients unfit for FOLFIRINOX but still candidates for combination therapy; ECOG 0–2
Gemcitabine alone	Adjuvant or neoadjuvant (limited by lower efficacy)	6 cycles (adjuvant) or 3 cycles (neoadjuvant)	IV gemcitabine weekly for 3 weeks every 4 weeks	Outpatient	Neutropenia (20–25%), nausea (30%), fatigue (40%), liver enzyme elevation (15%)	Elderly or frail patients; ECOG 1–2; lower toxicity option
Gemcitabine + Radiotherapy	Neoadjuvant (borderline resectable PDAC)	3 cycles gemcitabine + 15 fractions RT	IV gemcitabine with concurrent external beam radiotherapy	Outpatient (radiotherapy usually 5 days/week for 3 weeks)	Fatigue (60%), nausea (40%), anorexia (30%), neutropenia (30%), radiation enteritis (10–15%)	Patients with borderline resectable PDAC needing local tumour control; ECOG 0–1