



Evaluation of the outcome in patients with inoperable pancreatic cancer treated with Gemcitabine plus nab-Paclitaxel



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Background

Pancreatic cancer is one of the most lethal malignancies, commonly presenting late with surgically inoperable disease. Gemcitabine plus nab-Paclitaxel was shown to be superior compared to Gemcitabine alone in the multi-national MPACT trial. Since then, Gemcitabine plus nab-Paclitaxel has become one of the first-line treatment regimens for patients with good performance status. This retrospective study aims to review the outcome of patients with inoperable pancreatic cancer treated with doublet chemotherapy, Gemcitabine plus nab-Paclitaxel, at our centre.

Methods

This is a retrospective review of all patients with inoperable pancreatic cancer treated with Gemcitabine plus nab-Paclitaxel at our centre from December 2014 to December 2017. Patients are assessed by serial tumour markers (CA19.9 and/or CEA), interval ultrasound, computed tomography (CT), or positron emission tomography computed tomography (PET-CT) at the physician's discretion. The primary objective is to evaluate the progression-free survival (PFS) and overall survival (OS). The survival data is analyzed by Kaplan-Meier method. The secondary objective is to evaluate any treatment-related toxicities. All adverse events are graded with Common Terminology Criteria for Adverse Events (CTCAE) Version 5.

Results

A total of 35 patients with inoperable pancreatic cancer were treated with gemcitabine plus nab-paclitaxel during the study period. The median progression-free survival (PFS) was 4.9 months (95% confidence interval [CI], 3.4 to 6.4), and the median overall survival (OS) was 7.5 months (95% confidence interval [CI], 5.6 to 9.4). Approximately half (51%) of all patients received further line chemotherapy subsequent to disease progression, among whom most (13 out of 18) received doublet chemotherapy, Capecitabine plus Oxaliplatin.

Regarding the toxicity profile, grade 3 or above neutropenia and leukopenia was found in 29% and 11% of patients respectively. Febrile neutropenia was noted in 6% of cases. Grade 3 peripheral neuropathy was reported in 9% of patients.

Table 1. Characteristics of the patients

Age (years old)	49-78 ; mean 61 37% (≥65 years old)
Sex	Male 57%; Female 43%
Metastatic disease	83%
Number of cycles of gemcitabine & nab-paclitaxel	Median 3 cycles Range 0.3 – 8 cycles
Dose reduction	31%

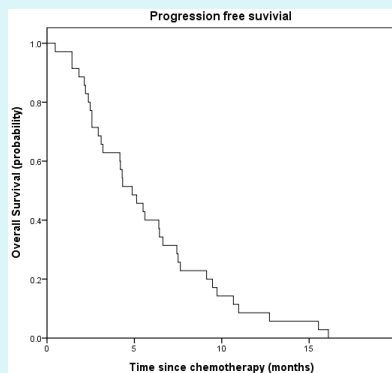


Figure 1. Progression-free survival curve.

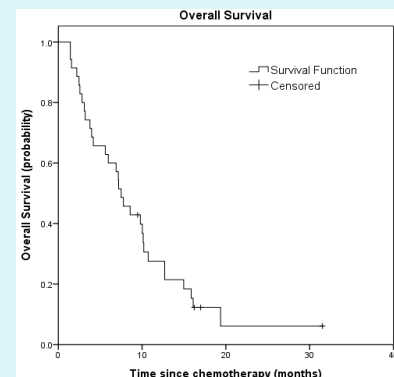


Figure 2. Overall survival curve.

Conclusions

Based on our retrospective review, doublet chemotherapy, Gemcitabine plus nab-Paclitaxel, exhibits PFS and OS comparable to literature published to date. However, the prognosis remains poor for this group of patients.

References:

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3. National Cancer Institute, National Institutes of Health, U.S. Department of Health and Human Services. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. Published: November 27, 2017.