GEMCITABINE PLUS CISPLATIN VERSUS GEMCITABINE CHEMOTHERAPY FOR ADVANCED BILIARY TRACT CANCER

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Background: Gemcitabine based chemotherapy is commonly used for advanced biliary tract cancer. In a phase III randomized clinical trial, it was concluded that the gemcitabine-cisplatin combination is superior to gemcitabine alone in advanced biliary tract cancer. We conducted this study to compare the efficacy of gemcitabine plus cisplatin to that of gemcitabine single therapy for advanced biliary tract cancer in Korea.

Methods: The patients with locally advanced or metastatic biliary tract cancer treated with gemcitabine plus cisplatin (GP) or gemcitabine between January 2005 and June 2012 were reviewed retrospectively. Patients with gallbladder cancer (GBC), intrahepatic cholangiocarcinoma (IHC), extrahepatic cholangiocarcinoma (EHC) were included. Patients who were newly diagnosed or received no treatment other than palliative surgery were enrolled.

Results: Fifty-seven patients were enrolled. The mean age of patients was 62 years. The numbers of GBC, IHC, and EHC cases were 25 (44%), 18 (32%), 14 (24%). 39 patients (68%) had metastasis and 18 patients (32%) had locally advanced disease. Thirty-one patients received GP chemotherapy and 26 patients were treated with only gemcitabine. The response rate, disease control rate, median time to progression of GP chemotherapy versus gemcitabine chemotherapy were 29.0% versus 3.8% (p = 0.016), 58.1% versus 34.6% (p = 0.111), 4.4 month versus 2.4 month (p = 0.180).

Conclusion: In advanced biliary tract cancer, GP chemotherapy showed better response rate than gemcitabine single chemotherapy. Time to progression was longer in GP chemotherapy group than gemcitabine chemotherapy group but it was not statistically significant result. Further prospective studies which define the efficacy of GP chemotherapy for advanced biliary tract cancer are needed in Korea.