A GREEK SURVEY OF FREQUENCY AND CURRENT TREATMENT MODALITIES OF ADVANCED PANCREATIC ADENOCARCINOMA (PATHOS: PANCREATIC ADENOCARCINOMA TREATMENT HELLENIC ONCOLOGY SURVEY)

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Background: Pancreatic cancer is one of the fatal forms of cancer. However, the data available from the Greek Cancer Registry on patients with pancreatic cancer are scarce. Patients with advanced pancreatic adenocarcinoma (APA) are often diagnosed with metastatic (Stage IV) disease and have limited therapeutic options. Clinical trial results indicate that the combination of nab-paclitaxel/Gemcitabine may provide added benefit for this patient population.

Methods: The PATHOS multicenter survey aimed to assess the frequency and treatment modalities of APA in Greece. A standardized questionnaire provided to the interviewed physicians, captured real world data based on patient medical records. The survey also captured the physicians’ opinion about limitations of the most common treatment modalities for APA and the likelihood of using nab-paclitaxel in the metastatic population.

Results: Ten physicians specialized in pancreatic cancer participated in this survey. Advanced pancreatic cancer (APC) accounted for approximately 3% of the cancer cases that had been treated by the participating physicians during 2011. The majority (n = 187/191; 97.9%) of the APC patients had been diagnosed with APA (87.7% newly diagnosed). Most patients (62.6%) had adenocarcinoma of the head, 21.9% of the body and 15.0% of the tail of the pancreas. In terms of the disease stage, 63.6% (119/187) of the APA patient population were diagnosed with metastatic (Stage IV) disease. Surgery had been performed in 39.7% (27/68) of patients with locally advanced and in 8.4% (10/119) of those with metastatic APA. Overall, 62/68 patients with locally advanced disease (60 with ECOG status 0-1 and 2 with ECOG status 2) received chemotherapy (31 adjuvant/neoadjuvant; 31 palliative). Of 119 patients with metastatic disease, 101 (81 with ECOG 0-1; 16 with ECOG 2; 4 with ECOG ≥3) received chemotherapy (7 adjuvant; 94 palliative). All patients who received chemotherapy in the framework of a clinical trial (Stage IV/Stage IIB-III patient ratio, 8:2) were given Gemcitabine combinations. As part of standard practice, 89.0% of patients with metastatic APA had received first line therapy (mainly Gemcitabine, Gemcitabine + Erlotinib and FOLFIRINOX). However, 80% of the physicians reported patient-related limitations for FOLFIRINOX and 50% reported limitations not related to the patients for Gemcitabine/Erlotinib, underscoring the necessity for new efficacious chemotherapeutic regimens in this disease.

Conclusion: The PATHOS survey was shown to be a useful tool for capturing data on pancreatic cancer disease status in Greece. The limitations in the use of FOLFIRINOX in patients with APC underlines the necessity for new efficacious chemotherapeutic regimens in this disease.