**WHO SHOULD RECEIVE FIRST-LINE FOLFIRINOX? PROGNOSTIC FACTORS IN LOCALLY ADVANCED OR METASTATIC PANCREATIC CANCER PATIENTS**

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**Aim:** FOLFIRINOX represents an active regimen in first-line treatment of advanced pancreatic adenocarcinoma (PDAC) patients (pts) with good performance status (PS). Aim of this study was to evaluate the presence of existing prognostic criteria in this population.

**Methods:** We retrospectively investigated clinical and laboratory characteristics of pts treated with first-line FOLFIRINOX regimen for locally advanced or metastatic PDAC between June 2011 and April 2014 in four Italian institutions. Survival estimates were quantified using Kaplan-Meier curves. Age, tumor stage, presence of biliary stents, Eastern Cooperative Oncology Group-Performance Status (ECOG-PS), pre-treatment CEA, CA 19-9, LDH, hemoglobin, neutrophil, lymphocyte, and platelet counts as well as body mass index (BMI) were included in the Cox analysis to investigate their prognostic relevance.

**Results:** 96 pts treated with FOLFIRINOX as first-line chemotherapy were analyzed. Median age was 61 years (range: 36-76); 63 pts were males (66%). PDAC was locally advanced in 46 (48%) and metastatic in 50 pts (52%). Median progression-free survival (PFS) was 4.9 months and median overall survival (OS) was 10.6 months. At multivariate analysis, only ECOG-PS \( \geq 2 \) was significantly associated with poor OS. Furthermore, ECOG-PS \( \geq 2 \), neutrophilia, and the presence of biliary stent were independent prognostic factors for worst PFS.

**Conclusions:** Pre-treatment neutrophilia, ECOG-PS \( \geq 2 \) and the presence of biliary stent were independent prognostic factors for patients treated with first-line FOLFIRINOX, suggesting that the use of this regimen in patients with these features should be carefully considered.

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