INTERSTITIAL LUNG DISEASE ASSOCIATED WITH ERLOTINIB/GEMCITABINE THERAPY IN PATIENTS WITH PANCREATIC CANCER

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Background: Erlotinib (ERL)/gemcitabine (GEM) therapy is an approved standard chemotherapy for advanced pancreatic cancer. The prevalence and risk factors of interstitial lung disease (ILD) associated with this treatment in a real-world population remain uncertain.

Methods: We retrospectively reviewed medical records of patients with pancreatic cancer who received GEM/ERL therapy at Nagoya University Hospital.

Results: Among 19 patients (M/F, 12/7) who received the GEM/ERL therapy between July 2011 and November 2013, we identified 4 (21%) patients who experienced drug-associated ILD (grade, 1/1/2/3; F/M/M/M; PS 0/1/0/1; ages at the diagnosis, 62/62/70/44 years old; Brinkman index (BI), 0/600/1,000/270, respectively). Pulmonary toxicity of grade 1 was observed in 2 patients, and grade 2 and grade 3 in one patient each. Chest CT scan at baseline did not show any interstitial shadows in all 4 patients, and the time to the onset of ILD after starting the treatment was 5, 18, 77, and 12 weeks, respectively. The patient with grade 3 ILD (44-year-old male, PS 1, BI of 270, 12 weeks after starting treatment at onset) was successfully treated with intravenous pulse steroid therapy, and the other 3 patients with grade 1 or 2 ILD fully recovered just by suspending GEM/ERL therapy.

Conclusion: The prevalence of ILD among the patients who received GEM/ERL therapy in a real-world population was higher than that of the JO20302/JO21097 trial (8.5%). Smoking status would be an ILD risk factor.