posters

P – 120 Gemcitabine + nab-paclitaxel as first-line chemotherapy for Japanese patients with advanced pancreatic cancer in real-world clinical practice: a retrospective study

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Introduction: In the international phase III study (MPACT study) and Japanese phase I/II study (J-0107 study) of metastatic pancreatic cancer, gemcitabine (G) + nab-paclitaxel (nab-P) therapy demonstrated favorable results; however, there is limited information regarding its clinical use. We aimed to evaluate the efficacy and safety of GN therapy in clinical practice.

Methods: Clinical records of patients with APC receiving GN as a first-line therapy were retrospectively reviewed for clinical characteristics, toxicities, response rate (RR), progression free survival (PFS), relative dose intensity (RDI), and time to treatment failure (TTF). PFS and TTF were estimated by Kaplan-Meier method. Most of the patients, who are not amenable to the FOLFIRINOX (FFX) therapy or clinical trials are included in this analysis. We compared the efficacy and safety of GN therapy for APC patients between elderly (over 70 years) and non-elderly (under 70 years) patients.

Results: A total of 44 patients (elderly: 10 patients, non-elderly 34 patients) with median age of 63 (range, 47–79) years were included in our analysis; number of patients with ECOG PS of 0, 1, and 2 were 23, 20, and 1 respectively. The response rate (RR) was 32%, and the disease control rate was 80%. Major grade 3 or 4 adverse events (AEs) were neutropenia 45%, peripheral neuropathy 2.2%, and febrile neutropenia 2.2%. G-CSF was used only in one patient throughout the treatment course. The RDI of G and nab-P were 85% and 65.5% respectively. Because of neuropathy (11 patient), fatigue (3 patient), and paronychia (2 patients), 19 patients switched from GN to G alone. Median TTF of until G alone was 4.2 (range, 3.2-10.2+) months. Median PFS was 7.0 months (95%CI: 3.2-8.7). RR of elderly and non-elderly patients were 50%, 27% respectively. All grade AEs of elderly and non-elderly patients were neutropenia 79.4%, 80%, peripheral neuropathy 58.8%, 80%, and fatigue 67.6%, 50% respectively.

Conclusion: The hematological toxicity of GN therapy was mild compared with that of the FFX therapy. However, discontinuation of nab-P in a short period by non-hematological toxicity was observed. Development of a supportive therapy for non-hematological toxicity is important in future. We concluded that GN therapy is safe and effective even in elderly patients with good performance status and normal organ function.