Gemcitabine/nab-paclitaxel efficacy in elderly patients with metastatic or locally advanced pancreatic adenocarcinoma

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Introduction: Pancreatic cancer is a major health concern worldwide and, despite the attempts at management, the prognosis of patients remains poor, with a median survival of a few months. Gemcitabine/nab-paclitaxel is an active regimen currently used as first-line treatment of patients with metastatic pancreatic adenocarcinoma and a good performance status (PS). But few data are available in elderly patients. Aim of this analysis is to evaluate outcomes and toxicities of gemcitabine/nab-paclitaxel in a cohort of elderly patients.

Methods: Clinical records of advanced pancreatic cancer patients receiving nab-paclitaxel 125 mg/m2 and gemcitabine 1000 mg/m2 on days 1,8 and 15 of a 28 day cycle as first line chemotherapy were reviewed, investigating activity, efficacy (Progression Free Survival, PFS and Overall Survival, OS) and safety. Analysis was then performed in ≥70 years group of pts. OS and PFS were estimated with Kaplan-Meier method with 95% CI. Cox-regression model was applied to the data with univariate and multivariate approach.

Results: Twenty-eight patients with a median age of 72 years (range: 70-78) were included in this analysis: PS2: 5 (18%); primary location: head 15 (54%); biliary stent: 10 (35%). Overall response rate (ORR) was 35.2%; median progression-free survival (PFS) was 7.4 months (95% CI 5.54-9.26) and median overall survival (OS) was 12.8 mo (95% CI 10.9-15.24). Treatment was well tolerated. No grade 4 toxicity was reported. Grade 3 toxicity included neutropenia in 3 pts (11%), peripheral neuropathy in 1 pt (3.5%), thrombocytopenia in 2 pts (7%), diarrhea in 3 pts (11%), nausea and vomiting in 1 pt (3.5%), and fatigue in 3 pts (11%). Finally, pain control was achieved in 21 of 28 patients (75%) with a performance status improvement of 15% according to the Karnofsky scale.

Conclusion: These data suggest that patients aged ≥70 may benefit from first-line gemcitabine plus nab-paclitaxel combination, as well as younger ones, both in terms of response and survival experiencing a tolerable toxicity profile. Identifying elderly patients who will benefit from combination chemotherapy for pancreatic cancer remains a significant clinical challenge.