Chemotherapy for patients with advanced or metastatic pancreatic cancer (AMPC)

Introduction: Pancreatic cancer is a common, highly lethal disease that is rising in incidence. Chemotherapy based on 5-fluorouracil (5-FU) has been shown to prolong survival in advanced pancreatic cancer. Gemcitabine improves major symptoms and survival outcomes compared with bolus 5-FU. Many novel small molecules are being widely and actively researched. These compounds are based on classical mechanisms of action as well as biological therapies targeting novel cellular survival pathways.

Methods: The primary objective of this retrospective analysis is to evaluate overall survival; the secondary objective is to evaluate progression-free survival and toxicity of gemcitabine-cisplatin in AMPC after 4 cycles. Inclusion criteria were histologically proven pancreatic carcinoma, no prior chemotherapy (adjuvant chemotherapy allowed if more than 6 months before), no other serious concomitant illness (ECOG PS < 2), adequate renal and liver function, good marrow reserve.

Results: From 01/2010 to 12/2015, 90 patients were enrolled in this study. Median age 57.8 ± 1.5 years old (21–80), with a total 410 cycles were administrated, median = 4 (4–8).

All patients were evaluated for efficacy and toxicity. Median of overall survival was 7.1 months [3–17 months]; median of progression free survival was 3.4 months, the overall response rate was 18% and disease control rate was 32% including 10% partial response, 22% had stable disease. Grade 3/4 toxicities evaluated were asthenia 3%, leukopenia 1%, neutropenia 2%, anemia 1.5%, vomiting 1.5%, thrombopenia 1%, mucositis 1%.

Conclusion: Gemcitabine-cisplatin is moderately effective and well tolerated as first line treatment for AMPC with a correct quality of life. The results of chemotherapy in metastatic or advanced pancreatic cancer remain poor; they must be improved by other therapeutic combinations.