



IPO PORTO

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First-line chemotherapy with gemcitabine in advanced pancreatic cancer: a retrospective single-center analysis

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MATERIAL & METHODS

- Retrospective analysis of a consecutive series of patients with locally advanced non resectable or metastatic pancreatic cancer treated with primary chemotherapy with GEM, from June 2011 until November 2014.

GEM 1000mg/m² on days 1,8 and 15
28 day cycles

OR

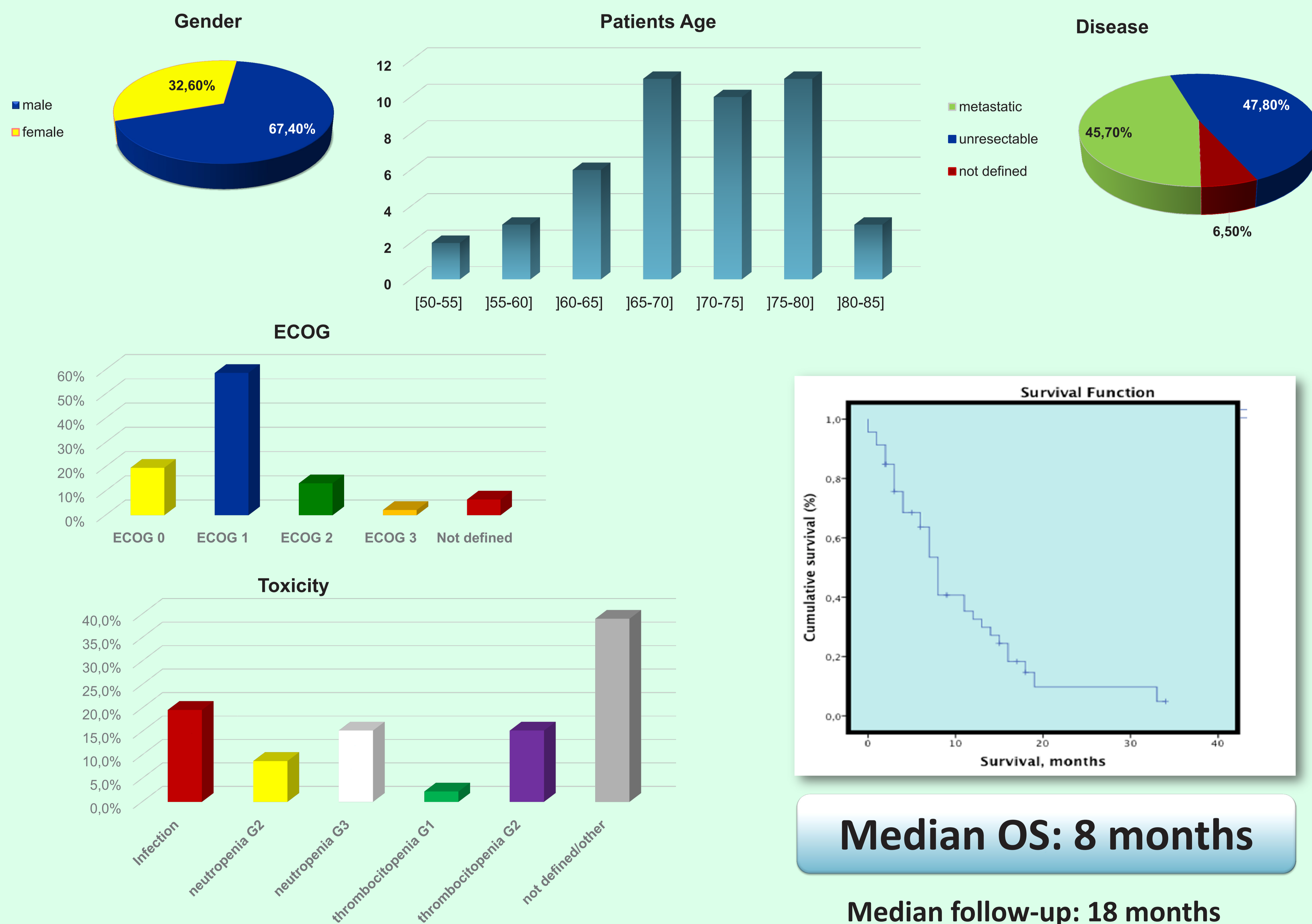
GEM 1000mg/m² per week for 7 weeks → 1 week of rest → GEM 1000mg/m² on days 1,8 and 15
28 day cycles

- Primary endpoint: overall survival (OS)
- Toxicity was classified according to Common Toxicity Criteria of Adverse Event (Version 3).

RESULTS

• Patients

A total of 46 patients with locally advanced non resectable or metastatic pancreatic cancer treated with primary chemotherapy with GEM were included



BACKGROUND

Approximately 80% of patients with pancreatic cancer have advanced disease at the time of diagnosis, either locally advanced non resectable disease or metastatic disease.¹

These patients have a poor prognosis, so in this setting, systemic treatment turns out to be state of care. In 1997, gemcitabine (GEM) in monotherapy became the reference in front-line therapy after a randomized trial showed a relevant clinical benefit and a median overall survival of 5,65 months, when compared with fluorouracil.²

REFERENCES

(1) Kamar, F. Grossbard M. Metastatic pancreatic cancer: emerging strategies in chemotherapy and palliative care. The Oncologist February 2003 vol. 8 no. 1 18-34

(2) Burris HA 3rd, Moore MJ, Andersen J, et al. Improvements in survival and clinical benefit with gemcitabine as first-line therapy for patients with advanced pancreas cancer: a randomized trial. J Clin Oncol 1997;15:2403-13

CONCLUSION

Our results are similar to the results of the literature in locally advanced non resectable and metastatic disease in pancreatic cancer.

In our experience, gemcitabine is well tolerated and it's still one option of treatment for fragile patients with advanced pancreatic cancer.

