EXPERIENCE OF NAB-PACLITAXEL AND GEMCITABINE USE IN METASTATIC PANCREATIC CANCER

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INTRODUCTION
Nab-paclitaxel is approved for first-line treatment of patients with metastatic pancreatic cancer (mCP).

PURPOSE
To evaluate the efficacy and safety nab-paclitaxel and gemcitabine in mCP.

MATERIAL AND METHODS
✓ Retrospective observational study
✓ mCRC patients treated with nab-paclitaxel y gemcitabine (2013-2018)
✓ Collected variables: age, sex, ECOG, KRAS gene status, adjuvant chemotherapy, treatment line, number of cycles, dose reduction and adverse events
✓ Efficacy endpoints: progression-free survival (PFS) and overall survival (OS) obtained by the Kaplan-Meier method
✓ Safety: collected adverse effects (AE)
✓ Descriptive statistical analysis: SPSS® Statistics program V22.0

RESULTS

| Patients | n=47 (30 men; 17 women) |
| Age | Median=59 years (29-82) |
| Initial ECOG | 0-1: >80% |
| Previous adjuvant chemotherapy | 23.4% (gemcitabine and/or fluoropyrimidines) |
| Protocol | Nab-paclitaxel 125 mg/m² and gemcitabine 1000 mg/m² on days 1,8 and 15 every 28 days. |
| Line | 1st=89.4% |
| Dose reduction | 68.1% |
| Duration of treatment | Median: 4.5 months (0.5-22.9) (4 long survivors: longer than 15 months) |
| Treatment discontinuation | 42.6% progression 29.8% deterioration of general health |

Efficacy

- PFS: 9.1 months (95%CI 8.36-9.73)
- OS: 9.11 months (95%CI 4.0-14.2)

Safety

AE any grade

AE grade 3-4

- Neutropenia
- Thrombocytopenia
- Neupathy
- Diarrhea
- Vomiting
- Mucositis
- Alopecia
- Edema

CONCLUSION
✓ The PFS obtained in our study is greater than those described in the pivotal trial MPACT or CA046. This difference may be due to the 4 patients with a considerably longer treatment than the average and a small sample.
✓ OS: there are no significant differences with the pivotal trial.
✓ The AE described were similar to those published in the literature.