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

E. Mateos Egido[1], M. Lombardero Pin[1], A.M. Álamo Medina[1], C García Piernavieja[2], D. Dorta Vera[1]. *1.* Pharmacy. 2. Oncology.
Complejo Hospitalario Universitario Insular Materno Infantil. Las Palmas de Gran Canaria.

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/m^2 and gemcitabine 1000 mg/m^2 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

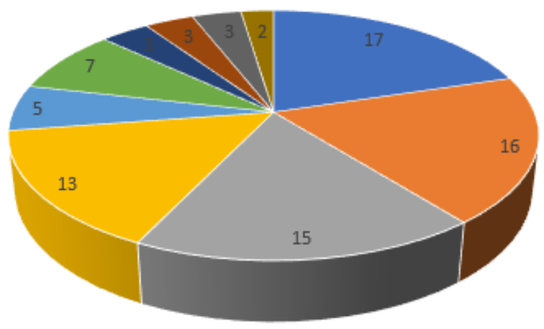
EFFICACY

PFS 9,1 months (95%CI 8,36-9,73)

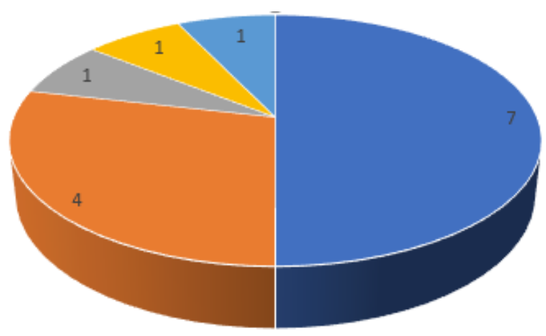
OS 9,11 months (95%CI 4,0-14,2)

SAFETY

AE any grade



AE grade 3-4



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.

References*: BMC Cancer. 2016; 16: 817.*