IMPACT OF PATIENTS' CONDITIONS ON THE EFFECTIVENESS AND SAFETY OF ERLOTINIB IN PANCREATIC CANCER

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Background: Erlotinib, in post approval studies, it was observed that the favorable clinical situation benefited the response to treatment.

Purpose: To compare the effectiveness and safety of erlotinib, according to the Eastern Cooperative Oncology Group (ECOG), in the treatment of pancreatic cancer.

Material and methods:

- Retrospective observacional study.
- Pancreatic cancer patients treated with erlotinib.
- In a third-level care hospital.
- From January 2009 to March 2017.

A **data base** was developed with

- Demographic data (from Selene®)
- Clinical data (from Selene®)
- Pharmacotherapeutic data (from Savac®)

The data were analyzed statistically with SPSS® (version 23), using the non-parametric test for the comparison of medians. The level of statistical significance was $p \leq 0.05$.

Results:

N= 34 patients *excluding one patient due to insufficient clinical data

Subgroup analysis according to **ECOG** at the start of treatment

Characteristics		N= 33 patients	ECOG<2 (n=17)	ECOG≥2 (n=16)
Aged median (IR) years		60.8 (54-67)	59 (50-66)	61 (57-68.25)
Sex male n (%)		19 (57.58%)	10 (58.82%)	9 (56.25%)
Smokers n (%)		18 (54.55%)	11 (64.71%)	7 (43.75%)
Disease n (%)	*Metastatic*	28 (84.85%)	14 (82.35%)	14 (87.50%)
	Locally advanced	5 (15.15%)	3 (17.64%)	2 (12.50%)
Erlotinib n (%)	*First line*	15 (45.45%) [with gemcitabine in 14 of them]	12 (70.59%)	3 (18.75%)
	Second line	11 (33.33%) [9 with gemcitabine and 1 with capecitabine]	2 (11.76%)	9 (56.25%)
	Third line	7 (21.21%) [6 with gemcitabine]	3 (17.64%)	4 (25.00%)
PFS median (IR) months		**2.40** (1.57-5.00)	**4.10** (1.83-7.00) p=0.116	**1.93** (1.00-2.91)
OS median (IR) months		**6.00** (2.17-12.17)	**11.67** (6.00-20.17) p=0.049	**3.45** (1.47-6.02)

IR: Interquartile range; PFS: Progression-free survival; OS: overall survival

Distribution:
ECOG 0
n=4; 12.12%
ECOG 1
n=13; 39.39%

Distribution:
ECOG 2
n=13; 39.39%
ECOG 3
n=3; 9.09%

Two patients with ECOG<2 discontinued erlotinib for **cutaneous toxicity** and **renal failure,** respectively.
The remaining patients discontinued treatment due to **disease progression and/or exits.**

Conclusions:

- Patient's conditions before starting treatment is a determining factor in OS results, however it is not determinant for PFS.
- The toxicity was frecuently with ECOG<2 but we have not studied the dose influence.
- Pharmacists must participate in the development of guidelines where patients who will benefit mostly were select for treatment with erlotinib.