

# SECOND LINE CHEMOTHERAPY WITH NAB-PACLITAXEL IN PATIENTS WITH PANCREAS CANCER

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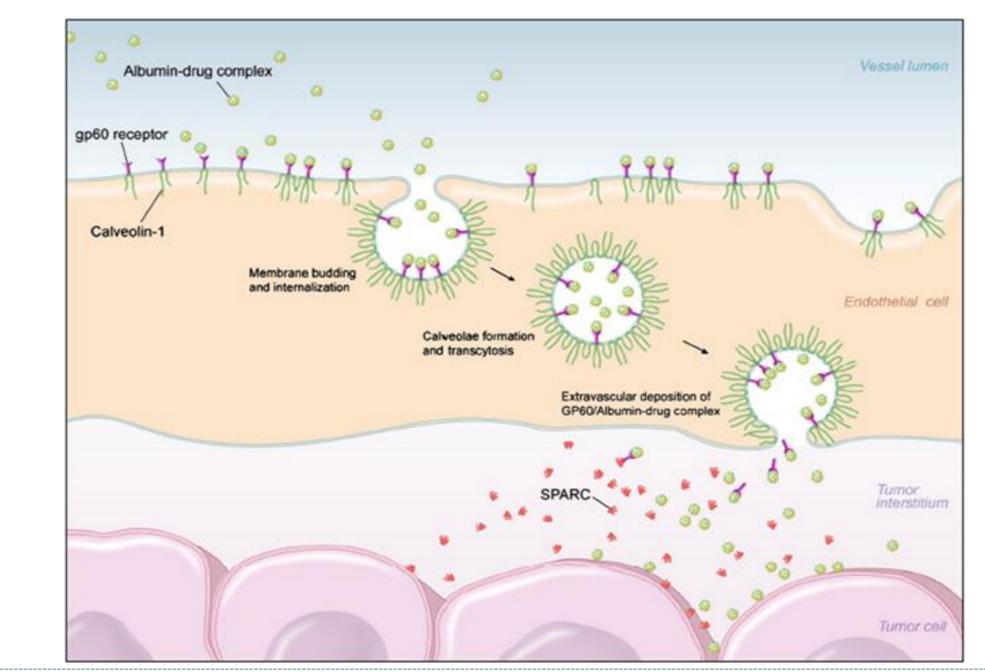
### Background

Pancreatic cancer is one of the most deadly forms of cancer. Standar treatment in metastatic disease is the quemotherapy with gemcitabine, but there is not a standar therapy for

gemcitabine-refractory patients.

## Purpose

Assess the off-label efficacy of nab-paclitaxel (Abraxane®), in patients who progressed on gemcitabine-based therapy, in our hospital.



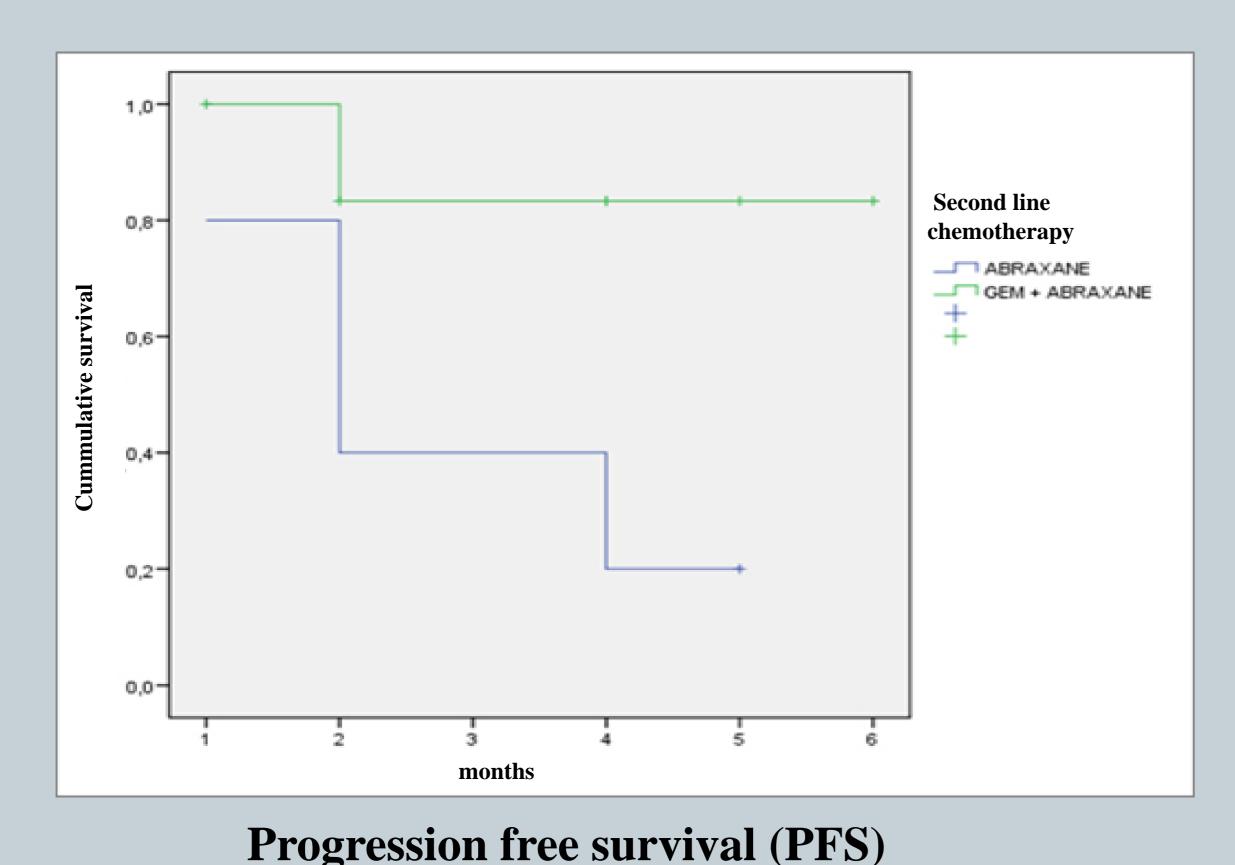
#### Material and Methods

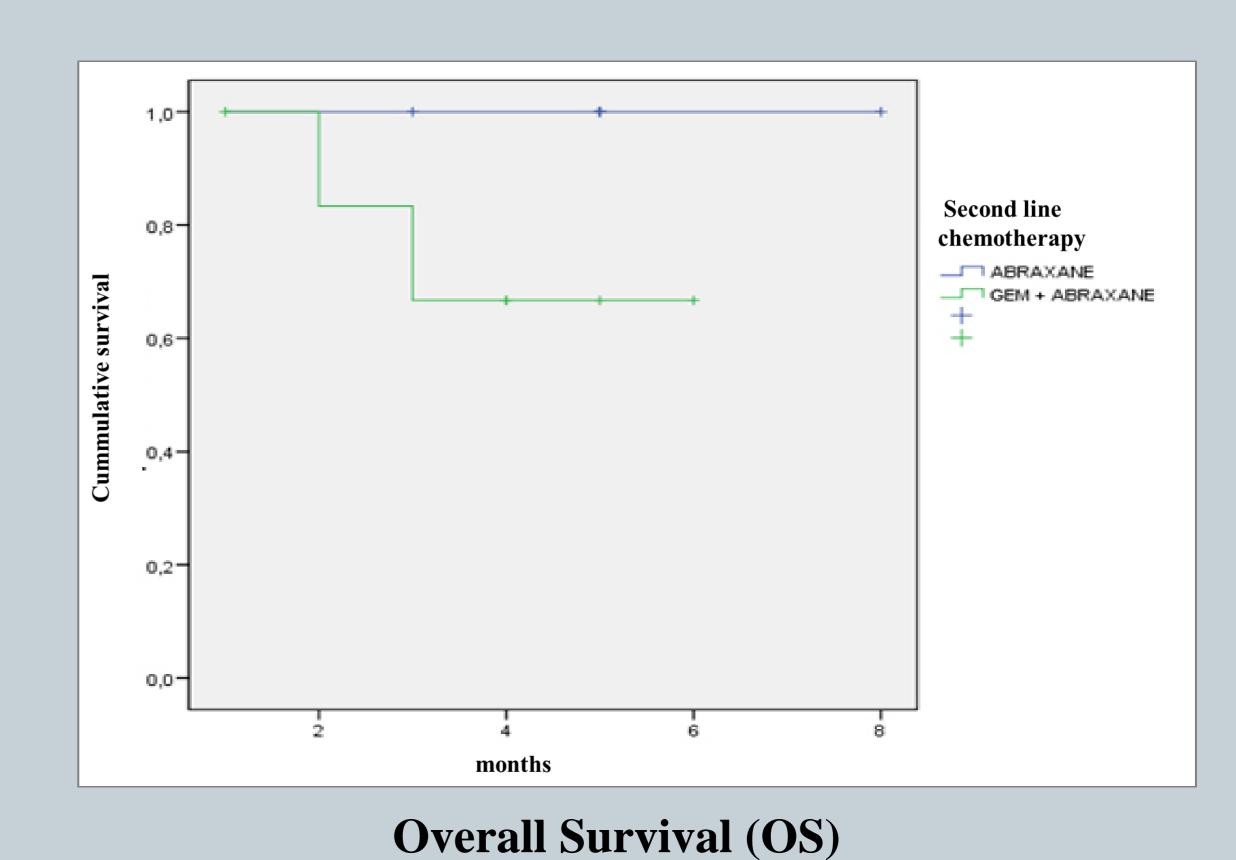
Observational and retrospective study of pancreatic cancer patients treated with nab-paclitaxel who progressed on gemcitabine-based therapy from June 2011 to April 2012. We determined: Progression Free Survival (PFS) and Overall Survival (OS). 12 patients (100% male) were treated with nab-paclitaxel. 11 of them presented metastatic disease.

The patients were treated with two therapies:

- ➤ Nab-paclitaxel 100mg/m² (1,8,15/28d). 5 patients received this treatment. Median age was 79,4 years (SD= 4,2 years).
- ➤Gemcitabine 1000mg/m² plus nab-paclitaxel 100mg/m² (1,8,15/28d): 7 patients received this treatment. Median age was 65,5 years (SD= 6,9 years).

Median PFS was 2,8 months (95% CI, 1.5 to 4.1 months) with single agent, and 5,3 months (95% CI, 4.0 to 6,5 months) with gemcitabine plus nab-paclitaxel. The PFS in the study was 20% and 83% respectively. The OS couldn't be determine in the nab-paclitaxel group, because there was not any event during the study period. The OS with gemcitabine plus nab-paclitaxel was 66,7%.





#### Conclusions

- ❖ It showed better clinical outcomes in the gemcitabine plus nab-paclitaxel group in PFS.
- \* The nab-paclitaxel can be an effective second-line chemotherapy in gemcitabine resistant patients.