

# Pancreatic Carcinoma Register of specialized oncological practices

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## **Question:**

§1 para. (3) of the "Oncology agreement" provides that it is to be ensured that cancer patients can receive an outpatient care in accordance with scientifically recognized diagnostic and therapeutic plans reflecting the respective state of medical knowledge and the current guidelines. According to §8, a patient-related documentation is required.

## **Methods:**

As part of a register, patients with pancreatic carcinoma have been recorded with all therapies from primary diagnosis until death or loss of contact since March 2009. Out of 1,120 reported courses of disease, 800 have been evaluable so far. 60 specialized oncological practices are involved.

## **Results:**

406 (50.8%) patients have died so far. There is no more contact to 146 (18.3%).

Patient characteristics:

405 (50.6%) male, 395 (49.4%) female; age at initial diagnosis 68 (35-95) years; 89.4% adenocarcinoma

300 patients were operated, 270 (90.0%) of the patients presenting a UICC stage I-III. A R0 resection was achieved in 228 (76.0%) cases, a R1 resection in 54 (18.0%) patients.

Adjuvant therapies: 197 patients, 191 of them Gemcitabin/R1-additive therapies: 54 patients, 31 of them Gemcitabine. The period from operation until the start of therapy was 43 days at a median, the duration of the therapy 141 days.

Survival data for adjuvant or R1-additive therapy: DFS 15.1 or 6.4 months, OS 33.6 or 10.3 months.

Palliative therapy:

First-line therapies: 660 (82.5%) patients, 417 of them (63.2%) Gemcitabin, 170 (25.8%) Gemcitabin/Erlotinib. Remission rate (CR/PR) of all therapies: 14.7%, response rate (CR/PR/NC): 58.4%. 237 (35.9%) patients received a combination therapy, 420 (63.6%) a monotherapy with CR/PR 16.6 or 13.6%, CR/PR/NC 55.8 or 59.9%.

Survival data of the first-line therapy:

OS: 7.6 months; combination or monotherapy: 8.2 or 7.5 months.

PFS/OS: locally advanced disease or distant metastases: 5.3/12.0 months or 3.8/6.2 months.

Second-line therapies: 233 (29.1%) patients, 51 (21.8%) of them OFF, 35 (15.0%) FUFOX, 33 (14.2%), Gemcitabin/Erlotinib, 27 (11.6% ) Gemcitabin, 19 (8.2%) AIO, 17 (7.3%) Gemcitabin/Oxaliplatin

**Conclusion:**

The collection and analysis of data is an integral part of the daily routine of oncological practices.

The pancreatic carcinoma is treated in accordance with the S3 guidelines. The results are comparable to the data from studies (Oettle JAMA 2007).

Current and detailed data will be presented.