The pancreatic carcinoma – treatment research and treatment reality in oncology practices

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Introduction:

According to the 2013-S3 guideline „Exocrine pancreatic carcinoma", surgery is the only curative treatment option for pancreatic carcinoma. Gemcitabine, gemcitabine/erlotinib, FOLFIRINOX are recommended as adjuvant or palliative 1st-line therapy, 5-FU/oxaliplatin as 2nd-line therapy. Gemcitabine/paclitaxel-albumin has been approved for 1st-line treatment since March 2014.

Methods:

Data related to the treatment of pancreatic cancer have been analysed within the national scientific register ONCOReg since March 2009. The register contains the records of a total of 30,186 patients from 355 practices in 15 federal states, including 1,722 pancreatic carcinomas from 66 practices (2,542 therapies). 1,522 disease histories are available for evaluation so far.

Results:

Patient characteristics**:**

Gender: 821 (53.9 %) male, 701 (46.1 %) female

Age at initial diagnosis: 69 (35-95) year; 22% older than 75 years

UICC stages: 43 (2.8 %) I; 540 (35.5 %) II; 154 (10.1 %) III; 698 (45.9 %) IV, 88 (5.8 %) n.k.

634 (41.7 %) patients were operated. An R0 resection was achieved in 491 cases (77.4 %), an R1 resection in 109 (17.2 %) patients.

Adjuvant therapies: 420 (66.2 %) patients, R1-additive therapies: 90 (14.2 %); 490 (96.1 %) gemcitabine monotherapy. Duration of treatment at 5.1 resp. 4.7 months.

Survival rates of the adjuvant resp. R1-additive therapy: DFS 14.1 resp. 9.1 months; OS 33.6 resp. 18.8 months.

Palliative therapies:

1,268 patients received 1,978 palliative therapies: 726 (57.3 %) gemcitabine; 371 (29.3 %) gemcitabine/erlotinib; 138 (10.9 %) FOLFIRINOX; 130 (10.3 %) OFF; 88 (7.0 %) FUFOX, 68 (5.4 %) gemcitabine/albumin-bound paclitaxel; 54 (4.3 %) gemcitabine/oxaliplatin. The median duration of treatment was at 78 days (91 days for 1st-line therapies).

1,268 patients received a 1st-line therapy; 519 (41.0 %) a 2nd-line; 143 (11.3 %) a 3rd-line therapy.

The responses were assessed in 1,846 therapies, and the objective response (CR/PR) was at 9.9 %. In 34.0 % of the cases a halt of the progression of the disease was achieved. A progression had to be

observed in 36.3 %, with the PD rate increasing with increasing therapy line (1st-line 32.6 %; 2nd-line 43.3 %; 3rd-line 50.0 %).

Survival data:

PFS: 1st-line 4.9 mths.; 2nd-line 3.3 mths.

OS: 1st-line 9.0 mths.; 2nd-line 6.2 mths.

Conclusions:

Data collection and analysis is an integral part of the routine in oncology practices.

Data on the duration of therapy, the response and survival of selected first- and second-line therapies will be presented.