ROUTINE CARE AND OUTCOME OF PATIENTS WITH LOCALLY ADVANCED, INOPERABLE (LAPC) AND METASTATIC (MPC) PANCREATIC CARCINOMA

INTRODUCTION

Due to its poor prognosis, pancreatic cancer is one of the most common cause of death among all cancers in Europe. Malignancies of the pancreas often cause no or only unspecific symptoms in the early stages, so that more than 80% of patients are already diagnosed with locally advanced, inoperable (LAPC) or metastatic (MPC) pancreatic cancer. In this analysis, we examine differences in patient characteristics, systemic treatments, and outcome for patients with LAPC or MPC.

METHODS

The Pancreatic Cancer Tumor Registry (TPK, AMETHYST) is an open, prospective, multicenter observational study providing real-world data on the current treatment reality and clinical outcomes of locally advanced, unresectable or metastatic pancreatic cancer in Germany. Patients were enrolled into the registry at the start of palliative first-line treatment and followed until the end of the 2-year observation period or death, whichever occurred first. From 2014 to 2022, a total of 2,128 patients were recruited by 128 study centers in Germany. Here, we analyze and compare detailed data on patient and tumor characteristics, systemic treatments, progression-free (PFS) and overall survival (OS) as documented for 2,116 patients.

RESULTS

Of the 2,160 patients in this analysis, 1,952 (90%) had MPC and 208 (10%) had LAPC when enrolled into the TPK. Patients with LAPC/MPC had a median age of 74/69 years at the start of first-line treatment. 39% / 34% of patients had an ECOG performance status of 0 and 89% / 85% of patients were diagnosed with at least one comorbidity at the start of first-line treatment (Table 1).

In patients with LAPC, gemcitabine (GEM) was the most commonly used 1-line regimen (30%), followed by GEM + nab-paclitaxel (NAB) (19%) and FOLFOX (22%) (Figure 1). In patients with MPC, the most commonly used 1-line regimens were GEM+NAB (69%), FOLFOXIRINOX (28%), and GEM monotherapy (17%) (Figure 2). Median PFS from the start of 1-line treatment was 7.5 months (95% CI 6.1-8.5) in patients with LAPC (Figure 3) and 5.2 months (95% CI 4.9-5.5) in patients with MPC (Figure 4). The median OS from the start of 1-line treatment was 13.1 months (95% CI 10.7-15.3) for patients with LAPC (Figure 5) and 8.8 months (95% CI 8.4-9.4) for patients with MPC (Figure 6).

CONCLUSIONS

The majority of patients enrolled into the TPK were already metastatic at the start of systemic 1-line treatment. Although patient characteristics and choice of systemic treatments were comparable in both populations, PFS and OS were, on average, longer in patients with LAPC than in metastatic stage patients with MPC.