

DATA FROM THE TUMOR REGISTRY PANCREATIC CANCER (TPK)

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

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INTRODUCTION

Due to its poor prognosis, pancreatic cancer is the fourth 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 2,328 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 2,149 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 1st-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 1st-line treatment (**Table 1**).

In patients with LAPC, gemcitabine (GEM) was the most commonly used 1st-line regimen (35%), followed by GEM+ nab-paclitaxel (NAB) (31%) and FOLFIRINOX (26%) (**Figure 1**). In patients with MPC, the most commonly used 1st-line regimens were GEM+NAB (45%), FOLFIRINOX (28%), and GEM monotherapy (17%) (**Figure 2**).

Median PFS from the start of 1st-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 1st-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**).

Table 1: Patient characteristics

Characteristic	Patients with MPC	Patients with LAPC
Number of patients (n [%])	1952 [100.0]	208 [100.0]
Sex, female (n [%])	894 [45.8]	113 [54.3]
Age (median [quartiles])	69 [62-76]	74 [65-79]
ECOG Performance Status (n [%])		
ECOG 0	672 [34.4]	80 [38.5]
ECOG 1	1059 [54.3]	109 [52.4]
ECOG ≥2	221 [11.3]	19 [9.1]
Comorbidities at start of first line (n [%])		
At least one comorbidity	1660 [85.0]	185 [88.9]
Charlson comorbidity index at start of first line (n [%])		
0	1435 [73.5]	143 [68.8]
1	167 [8.6]	27 [13.0]
2	213 [10.9]	25 [12.0]
≥3	137 [7.0]	13 [6.2]

Figure 1: Most frequently used treatments – patients with LAPC

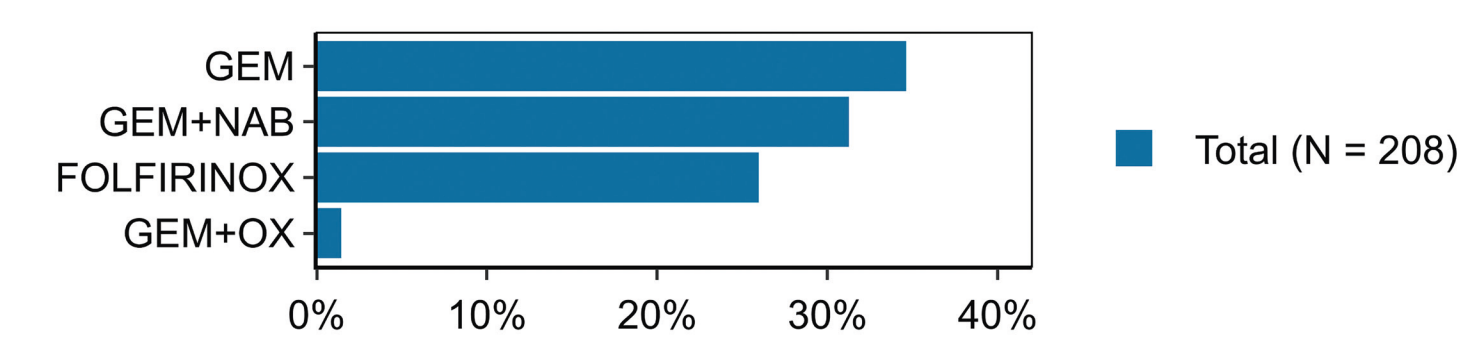


Figure 2: Most frequently used treatments – patients with MPC

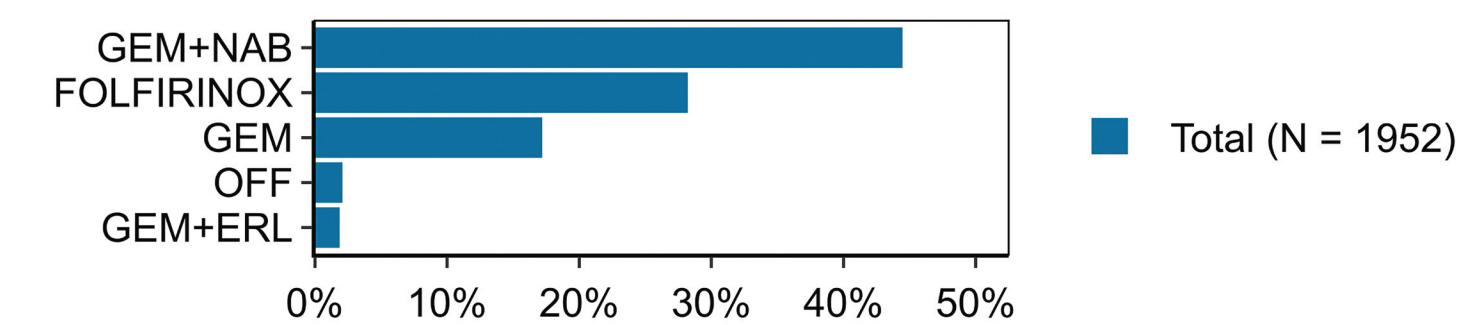


Figure 3: Progression-free survival (PFS) – patients with LAPC

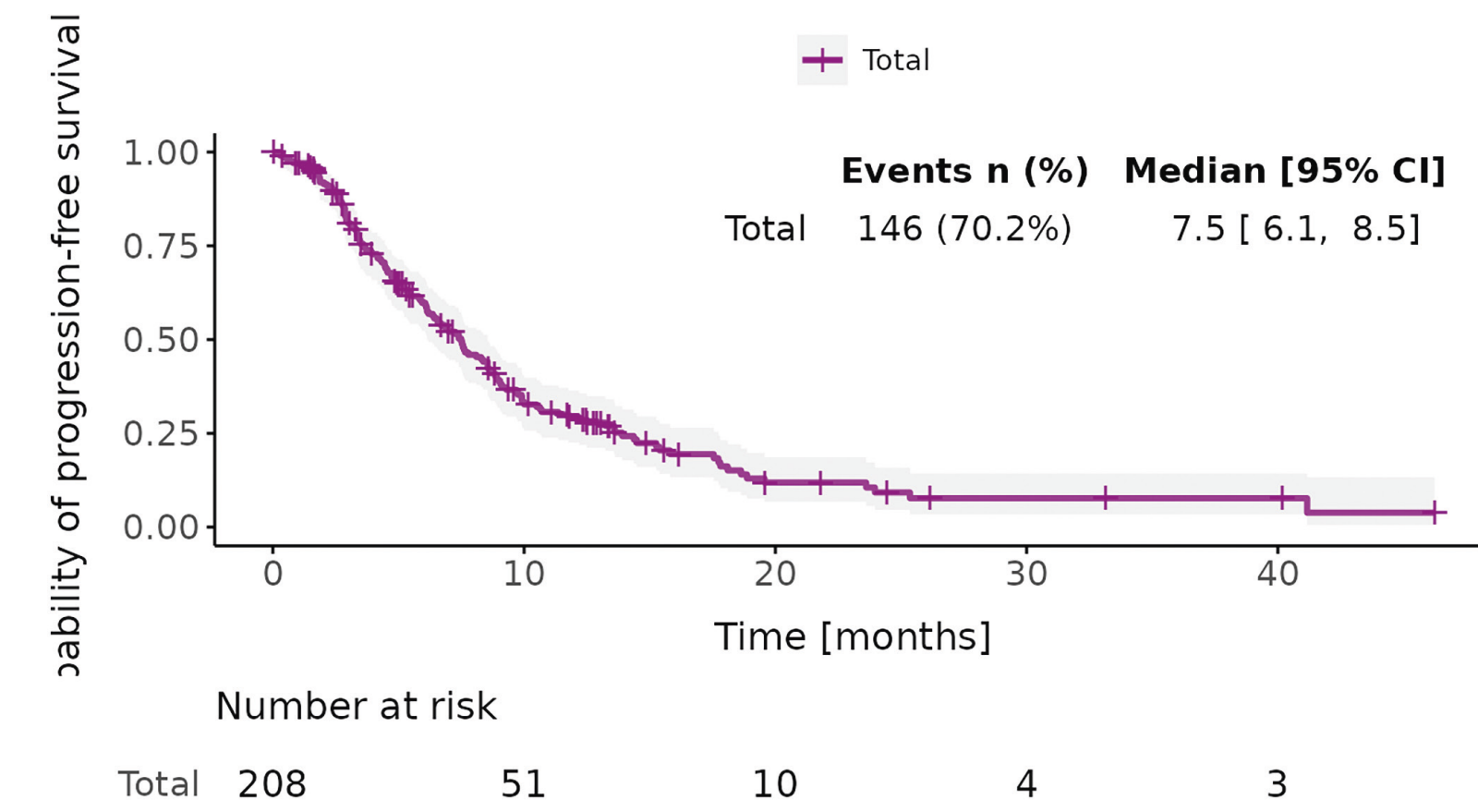


Figure 4: Progression-free survival (PFS) – patients with MPC

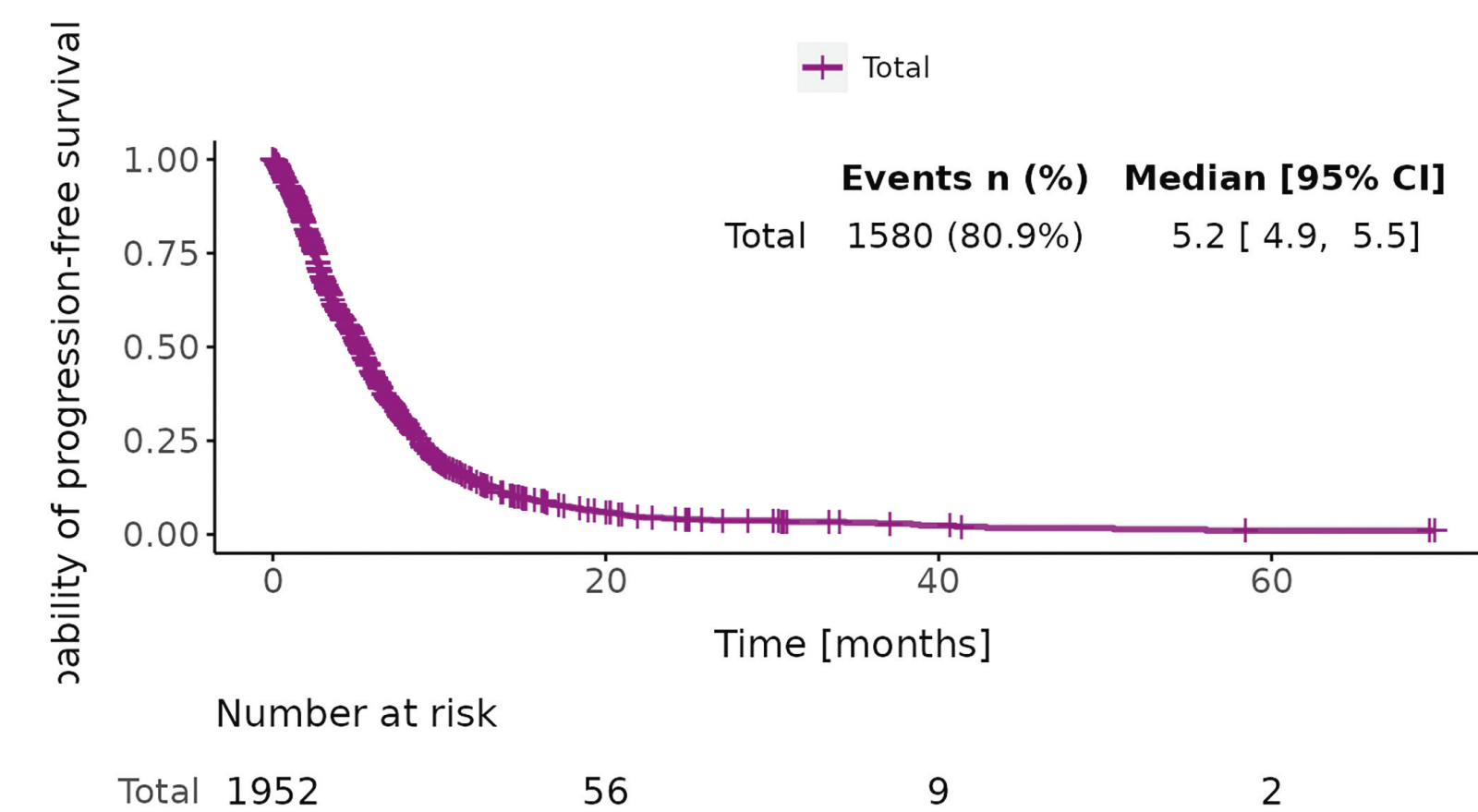


Figure 5: Overall survival (OS) – patients with LAPC

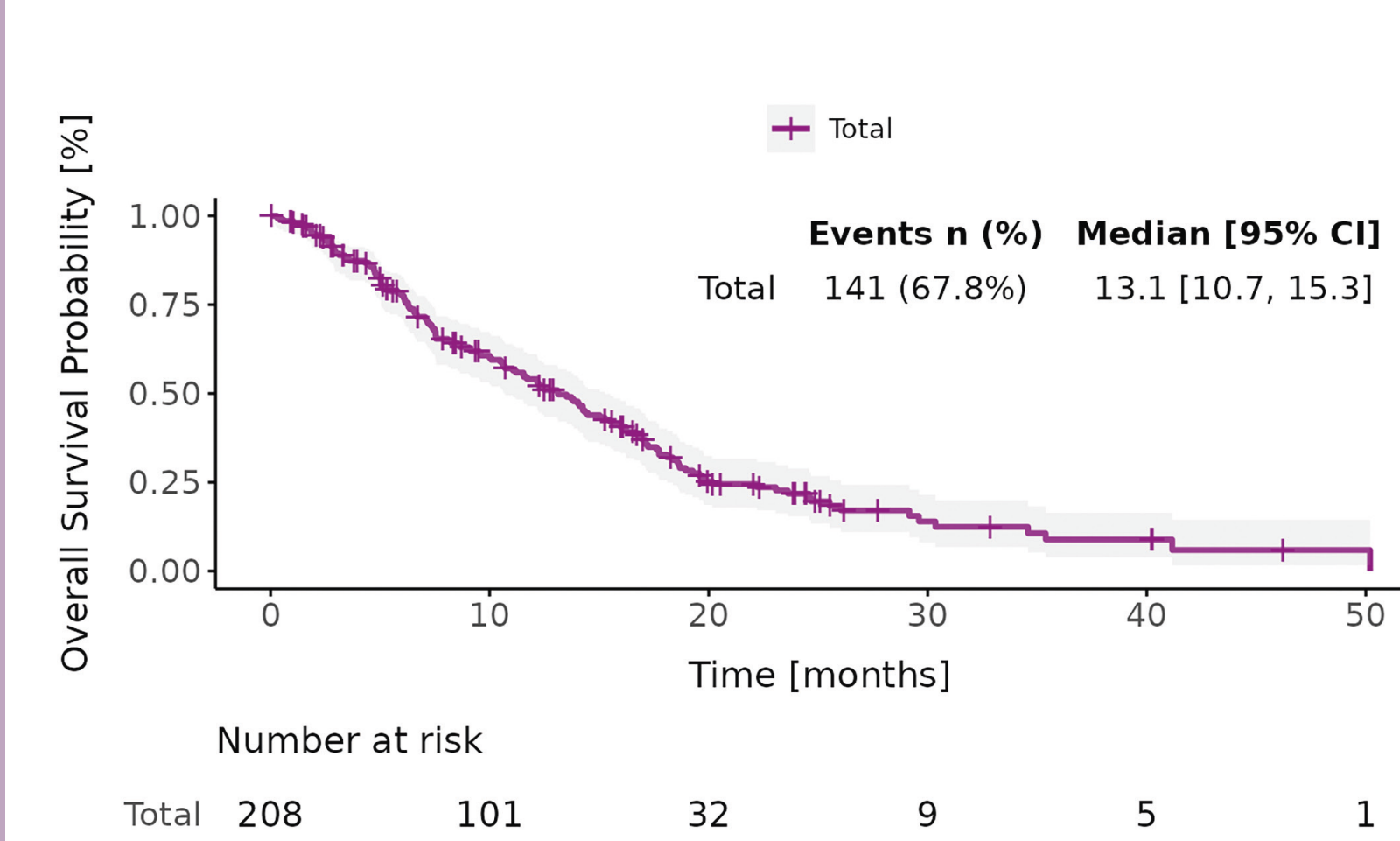
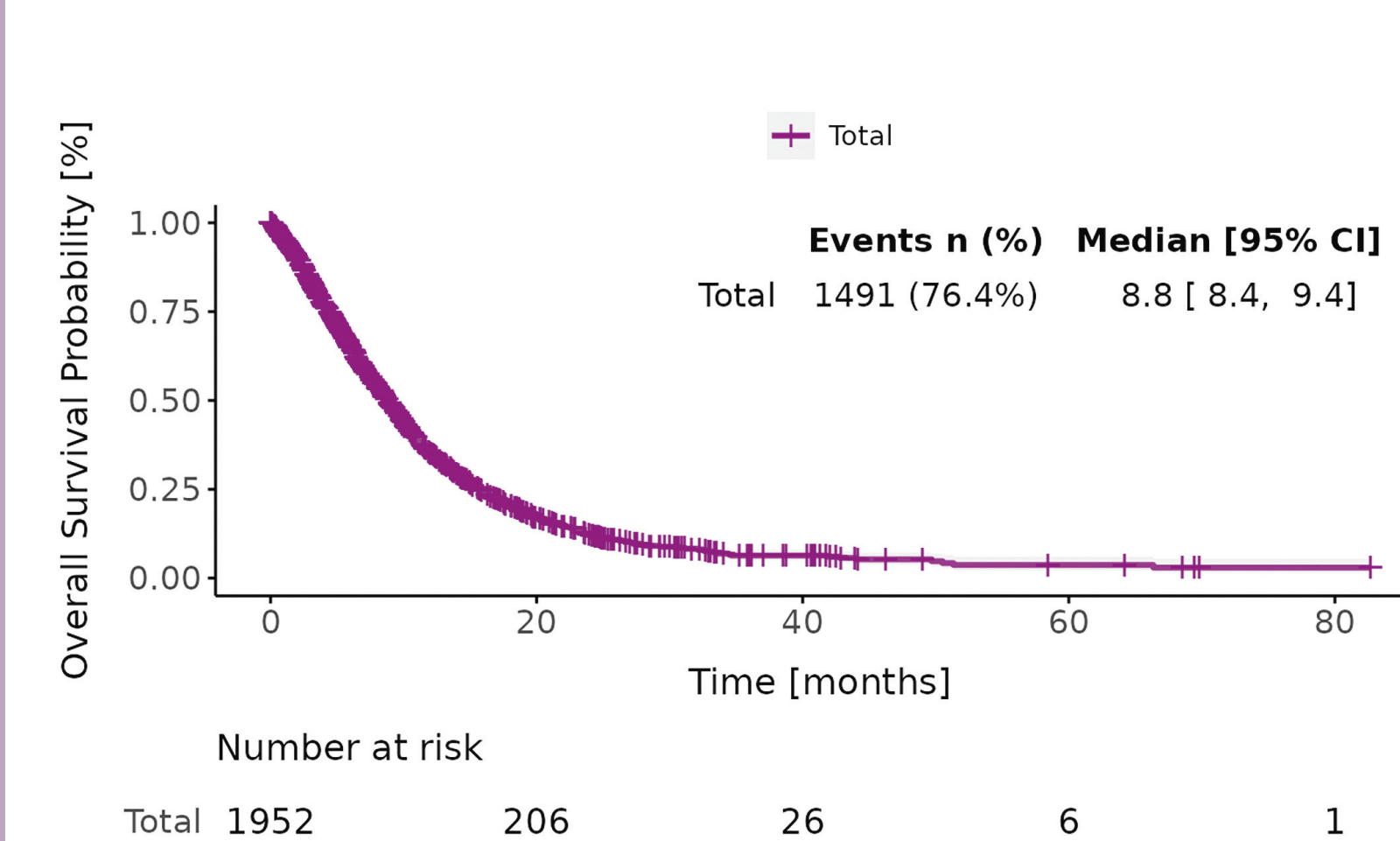


Figure 6: Overall survival (OS) – patients with MPC



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Abbreviations:
CI: Confidence Interval | ERL: Erlotinib | FOLFIRINOX: Folinic acid + 5-Fluorouracil + Irinotecan + Oxaliplatin | FOLFIRINOX: Folinic acid + 5-Fluorouracil + Oxaliplatin | GEM: Gemcitabine | LAPC: locally advanced pancreatic cancer | MPC: metastatic pancreatic cancer | NAB: Nab-Paclitaxel | OS: Overall survival | OX: Oxaliplatin | PFS: Progression-free survival | TPK: Tumor Registry Pancreatic Cancer

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