

Session II: Cancer of the Pancreas and Biliary Tract - Selected Abstracts

[Geographic variation in systemic treatment of metastatic pancreatic adenocarcinoma \(mPAC\) patients in real world across Europe](#)

Julien Taieb, et al., O-002

The authors of the study conclude that *"in this large European study, mPAC treatment choices seem overall in line with ESMO recommendations. However, substantial geographical variation was reported between countries. Apart from WHO performance status and comorbidities, first-line treatment choices followed local reimbursement status of individual compounds and showed country-specific preferences. Second-line treatment was also guided by first-line treatment. At the time this research was concluded, no second-line mPAC treatment was approved and over 20 treatment/combinations were reported. A more standardized approach may help to improve mPAC treatment outcomes."*

[Gemcitabine with nab-paclitaxel in patients with locally advanced or metastatic pancreatic ductal adenocarcinoma \(PDAC\): a quality of life randomized cross-over study \(QOLINPAC\)](#)

Gabriela Chiritescu, et al., O-003

The authors of the study conclude that *"median survival was long and response rate significantly higher in combination groups. Patients receiving the combination nab-paclitaxel/gemcitabine seem to report better QOL scores for a longer duration compared to patients on gemcitabine monotherapy. Further QOL analyses and translational studies are ongoing."* (Financiell support & study medication: Celgene) EudraCT 2013-004101-75; NCT02106884.

[Selected subgroup analyses of liposomal irinotecan \(nal-IRI\) in patients with metastatic pancreatic ductal adenocarcinoma \(Mpdac\) in the global NAPOLI-1 phase III trial](#)

Teresa Macarulla Mercadé, et al., O-004

The authors of the study conclude that *"in the NAPOLI-1 study, decreased appetite at baseline was shown to be prognostic for survival in patients with mPDAC who progressed after gemcitabine-based therapy. These results indicate that appropriate management is essential in patients with decreased appetite. We did not identify a significant prognostic effect of primary tumor localization, biliary stent, or best response to prior therapy in either the NAPOLI-1 ITT population or the nal-IRI+5FU/LV treatment arm on survival after trial inclusion. Nonetheless, a consistent treatment benefit was observed in patients treated with nal-IRI+5FU/LV vs. 5FU/LV alone across subgroups."*