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Abstract #: 4057

Poster Session

Activity of front-line FOLFIRINOX (FFX) in stage III/IV pancreatic adenocarcinoma (PC) at Memorial Sloan-Kettering Cancer Center (MSKCC).

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Background:

The PRODIGE/ACCORD trial recently established FFX as a treatment option for good performance status (PS) pts with stage IV PC (Conroy et al, NEJM 2011). We evaluated the activity and toxicity associated with FFX therapy in pts with advanced PC treated at MSKCC outside of a clinical trial.

Methods:

80 patients (pts) treated with FFX as 1st-line therapy at MSKCC between 07/1/10 and 12/30/11, were identified from an institutional database (prior IRB approval). Records were reviewed for demographic, treatment, toxicity, and response data.

Results:

61 and 19 pts received FFX for stage IV and III PAC respectively. Demographics and outcomes are summarized in the table. Median starting dose of FFX was 80% of that used in the PRODIGE/ACCORD trial. Median overall survival (OS) was 12.5 months (mo) (95% CI 9.5–15.5) in pts treated with 1st line FFX for stage IV PAC and 13.7 mo (95% CI 11.3–15.8) in pts with stage III PAC. 68% of pts with stage IV PAC who discontinued FFX for disease progression (PD) or toxicity received 2nd-line gemcitabine-based therapy.

Conclusions:

We observed activity and acceptable toxicity in carefully selected patients treated with FFX at 80% dose intensity and routine use of growth factor support. Treatment with FFX resulted in median OS of > 1 year in pts with stage IV PAC and is an active front-line regimen.

	1st line: Stage IV N=61	1st line: Stage III N=19
Age (yrs)	64 (range 46-80)	58 (range 37-69)
Sex	-	-
Male	33(54%)	11(58%)
Female	28(46%)	8(42%)
Primary tumor	-	-
Head	23(38%)	14(74%)
Body	21(34%)	2(10%)
Tail	17(28%)	3(16%)
Prophylactic growth factor	51(84%)	15(79%)

Median number of cycles	7	6
Dose reduction/discontinuation for toxicity	32(52%)	9(47%)
GI	11(18%)	4(21%)
Myelosuppression	4(7%)	1(5%)
Neuropathy	9(15%)	1(5%)
Drug reaction	4(7%)	1(5%)
Other	4(7%)	2(10%)
Subsequent surgery/RT	N/A	1(5%)/10(53%)
Best response*	-	-
PR	21(40%)	4(21%)
SD	23(45%)	13(68%)
PD	8(15%)	2(11%)

* Evaluable pts N=52 (1 pt not yet staged, 3 pts< 2 cycles FFX due to toxicity/5 pts due to non-treatment-related death).

Track:

Gastrointestinal Cancer—Gastroesophageal, Pancreatic, and Hepatobiliary

Sub Track:

Pancreatic Cancer

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Abstract Disclosures:

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