

Meeting Abstract: 2014 Gastrointestinal Cancers Symposium

FREE ACCESS Cancers of the Pancreas, Small Bowel, and Hepatobiliary Tract January 20, 2014



Tolerability and efficacy of modified FOLFIRINOX (mFOLFIRINOX) in patients with borderline-resectable pancreatic cancer (BRPC) and locally advanced unresectable pancreatic cancer (LAURPC).

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Abstract

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Background: FOLFIRINOX exhibits a meaningful improvement in outcome measures in metastatic pancreatic cancer, making it an interesting regimen for BRPC and LAURPC. However, its use remains prohibitive due to toxicity. In this study, we examine the outcomes of mFOLFIRINOX as a neoadjuvant strategy for patients with BRPC and LAURPC. **Methods:** This is a retrospective analysis of a prospectively maintained database of patients who received mFOLFIRINOX for BRPC or LAURPC at Ohio State University. mFOLFIRINOX is as follows: irinotecan at 165 mg/m²; oxaliplatin at 85 mg/m²; 5-fluorouracil (5FU) at 2,400 mg/m² over 46 hours and pegfilgrastim on day 4 of each 2-week cycle. Cases were thoroughly reviewed by a multidisciplinary team prior to initiation of therapy and at each restaging scan. The primary outcomes of this analysis were resection rate and grade 3/4 (G3/4) toxicities. **Results:** Since 1/1/2011, 43 patients (20 BRPC; 23 LAURPC) have received mFOLFIRINOX. Patients received gemcitabine-based chemoradiation (36 Gy in 15 fractions) only if their best response was stable disease after 4 months of mFOLFIRINOX. At the time of this abstract, 39 patients are evaluable for primary outcome. Overall resection rate was 53.8% including 45% of patients with initially unresectable disease. R0 resection was achieved in 85.7% of the surgeries. See table for more results. The rate of G3/4 toxicity was remarkably low with no episodes of febrile neutropenia, G3/4 neutropenia or thrombocytopenia. Toxicities lead to dose reductions in 46% of patients. **Conclusions:** Neoadjuvant mFOLFIRINOX is an effective, well-tolerated regimen as part of an integrated, multimodality strategy in BRPC and LAURPC leading to high resection rates and high R0 resection frequency.

All patients (n = 43)	
Age, median (yo)	65 (range: 40-81)

All patients (n = 43)		
ECOG 0-1 (%)	100%	
BRPC, n	20	
LAURPC, n	23	
Median # of cycles:	4 (range: 1-10)	
Evaluable patients (n = 39)		
Overall resection rate	53.8%	
Median PFS		
Resected	18.4 months	
Unresected	9.2 months (log-rank p-value <0.001)	
	BRPC (n=19)	LAURPC (n=20)
Received chemo/XRT, n (%)	10 (52.6%)	13 (65%)
Achieved resection, n (%)		
Overall	12 (63.2%)	9 (45%)
R0	10 (52.6%)	8 (40%)
<div>^ COLLAPSE</div>		

This is an ASCO Meeting Abstract from the 2014 Gastrointestinal Cancers Symposium. This abstract does not include a full text component.

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