



Case 3

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P

18.3 l 13°C

60 70 80 90 100 110 120

20 30 40 50

120 110 100 90 80 70 60 50

1 2 3 4 5 6 7 8 9 10 11 12

5:49

0 L/h

RADIO

MAXIMA fm

104.2 MHz

80 90 95 100 104 100

AUDIO PHONE FLEET NAVI CAMERA

Mute

1 2 abc 3 def

4 ghi 5 jkl 6 mno

7 pqrs 8 tuv 9 wxyz

* +A 0 + #

C

ESC

MOB

P

OFF ROAD

5/15

24

AUTO

Medical History

- 60 year old male, truck driver
- Living in Mödling, Lower Austria
- Married, no children
- Parents died at an advanced stage (Mother with 97 years, father with 98 years)
- Heavy smoker (2 packs per day, 50 py), drinks beer at the weekends
- Apart from arterial hypertension no comorbidities
- 185cm, 90kg

Medical History

- Patient consulted Oncology for second opinion
- Patient had a CT scan in Lower Austria that revealed a tumor in body of pancreas and several metastases in the liver



Medical History

- Biopsy of liver revealed a metastatic PDAC
- CA 19-9: 13.3
- CEA 1.9

How would you proceed?

1. Surgical Resection
2. Palliative FOLFIRINOX
3. Palliative 5-fluorouracil/folinic acid
4. Palliative gemcitabine + capecitabine
5. Palliative gemcitabine monotherapy
6. Palliative gemcitabine + nab-Paclitaxel

Medical History

- Biopsy of liver revealed a metastatic PDAC
- CA 19-9: 13,3
- CEA 1,9
- → Initiation of systemic palliative chemotherapy with gemcitabine and nab-paclitaxel

Leberstanzylinder mit Anteilen eines mittelhochdifferenzierten, ductalen Adenokarzinoms (G2) - histomorphologisch gut vereinbar mit Lebermetastase eines ductalen Adenokarzinoms des Pankreas.

somit mPDAC, C25.9

ad Gem/Abbraxane

MPACT phase III trial

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Increased Survival in Pancreatic Cancer with nab-Paclitaxel plus Gemcitabine

Daniel D. Von Hoff, M.D., Thomas Ervin, M.D., Francis P. Arena, M.D.,
E. Gabriela Chiorean, M.D., Jeffrey Infante, M.D., Malcolm Moore, M.D.,
Thomas Seay, M.D., Sergei A. Tjulandin, M.D., Wen Wee Ma, M.D.,
Mansoor N. Saleh, M.D., Marion Harris, M.D., Michele Reni, M.D.,
Scot Dowden, M.D., Daniel Laheru, M.D., Nathan Bahary, M.D.,
Ramesh K. Ramanathan, M.D., Josep Tabernero, M.D.,
Manuel Hidalgo, M.D., Ph.D., David Goldstein, M.D., Eric Van Cutsem, M.D.,
Xinyu Wei, Ph.D., Jose Iglesias, M.D., and Markus F. Renschler, M.D.

Palliative chemotherapy

- Patient received 3x cycles gemcitabine and nab-paclitaxel
- → achieved stable disease
- 3x more cycles gemcitabine and nab-paclitaxel
- → CT scan revealed Progressive disease of liver metastases

How would you proceed?

1. Surgical Resection
2. Palliative FOLFIRINOX
3. Palliative Nanoliposomal Irinotecan and fluorouracil and folinic acid
4. Palliative 5-fluorouracil/folinic acid
5. Palliative gemcitabine monotherapy
6. Palliative gemcitabine + nab-Paclitaxel

Palliative chemotherapy

- Patient received 3x cycles gemcitabine and nab-paclitaxel
- → achieved stable disease
- 3x more cycles gemcitabine and nab-paclitaxel
- → CT scan revealed Progressive disease of liver metastases
- Nanoliposomal Irinotecan and fluorouracil and folinic acid recommended as second line
- Patient received 3xcycles Nal-IRI and 5FU/Folinic acid

NAPOLI-1 phase III trial

Nanoliposomal irinotecan with fluorouracil and folinic acid in metastatic pancreatic cancer after previous gemcitabine-based therapy (NAPOLI-1): a global, randomised, open-label, phase 3 trial

Andrea Wang-Gillam, Chung-Pin Li, György Bodoky, Andrew Dean, Yan-Shen Shan, Gayle Jameson, Teresa Macarulla, Kyung-Hun Lee, David Cunningham, Jean F Blanc, Richard A Hubner, Chang-Fang Chiu, Gilberto Schwartzmann, Jens T Siveke, Fadi Braiteh, Victor Moyo, Bruce Belanger, Navreet Dhindsa, Eliel Bayever, Daniel D Von Hoff*, Li-Tzong Chen*, for the NAPOLI-1 Study Group†*

Palliative Chemotherapy

- Patient received 3x cycles gemcitabine and nab-paclitaxel
- → achieved stable disease
- 3x more cycles gemcitabine and nab-paclitaxel
- → CT scan revealed Progressive disease of liver metastases
- Nanoliposomal Irinotecan and fluorouracil and folinic acid recommended as second line
- Patient received 3x cycles Nal-IRI and 5FU/LV
- → CT scan revealed Progressive disease of liver metastases
- Oxaliplatin + fluorouracil and folinic acid (OFF) recommended as third line
- Patient received 3x cycles OFF



OFF phase III trial in 2nd line



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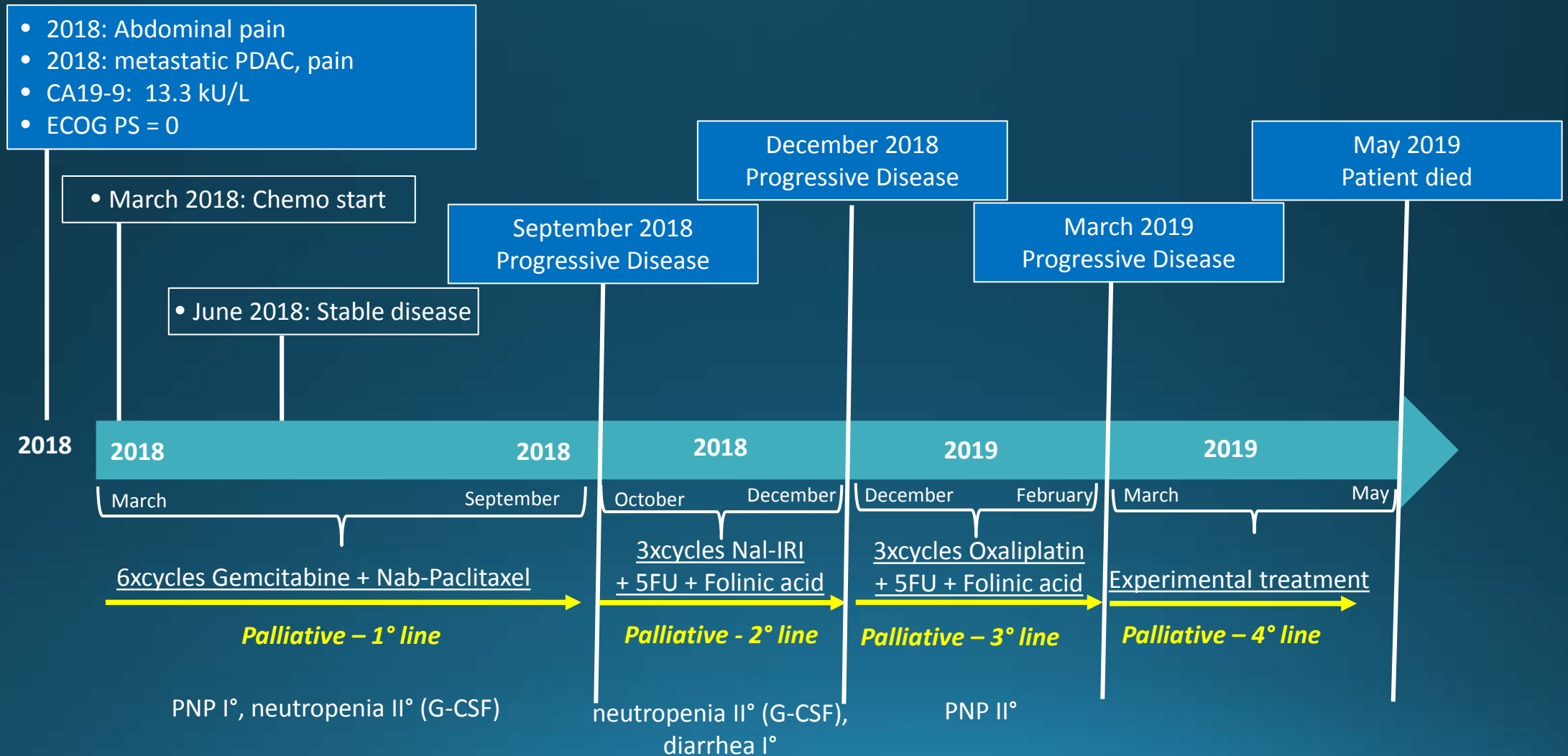
Best supportive care (BSC) versus oxaliplatin, folinic acid and 5-fluorouracil (OFF) plus BSC in patients for second-line advanced pancreatic cancer: A phase III-study from the German CONKO-study group

Uwe Pelzer ^a  , Ingo Schwaner ^b, Jens Stieler ^a, Mathias Adler ^c, Jörg Seraphin ^d, Bernd Dörken ^a, Hanno Riess ^a, Helmut Oettle ^a

Palliative Chemotherapy

- Patient received 3x cycles gemcitabine and nab-paclitaxel
- → achieved stable disease
- 3x more cycles gemcitabine and nab-paclitaxel
- → CT scan revealed Progressive disease of liver metastases
- Nanoliposomal Irinotecan and fluorouracil and folinic acid recommended as second line
- Patient received 3xcycles Nal-IRI and 5FU/LV
- → CT scan revealed Progressive disease of liver metastases
- Oxaliplatin + fluorouracil and folinic acid (OFF) recommended as third line
- Patient received 3xcycles OFF
- → CT scan revealed Progressive disease of liver metastases + ascites

Case 3 - Timeline



Summary of palliative treatments

- 1st line Gemcitabine + Nab-paclitaxel based on MPACT trial
- 2nd line Nanoliposomal irinotecan + fluorouracil + folinic acid
- 3rd line oxaliplatin + fluorouracil + folinic acid
- Experimental treatment

Thank you!