

CHEMOTHERAPY IN ELDERLY PATIENTS WITH PANCREATIC CANCER

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CASE



A 77 yo female, good PS, presents with non-specific epigastric pain and pruritus for 2 months

No other significant medical problems, non smoker, family history of breast and ovarian cancers

Examination shows severe jaundice

Total bilirubin: 18, CA 19-9: 1930



Biopsy of pancreatic head mass shows pancreatic adenocarcinoma
EUS staging T2N1
Biliary stent placement, normalization of bilirubin, CA 19-9: 1100
BRCA 1 and 2 mutations are negative

QUESTION 1



Choice of neoadjuvant regimen for this borderline-resectable pancreatic head adenocarcinoma?

- A. mFOLFIRINOX
- B. mFOLFIRINOX and CFRT (Conventionally fractionated radiation therapy)
- C. Gemcitabine and Abraxane
- D. Gemcitabine alone
- E. mFOLFIRINOX and SBRT (Stereotactic body radiation therapy)

At 8 months from diagnosis

FOLFIRINOX X 8 Cycles with dose interruptions followed by SBRT x 5 fractions

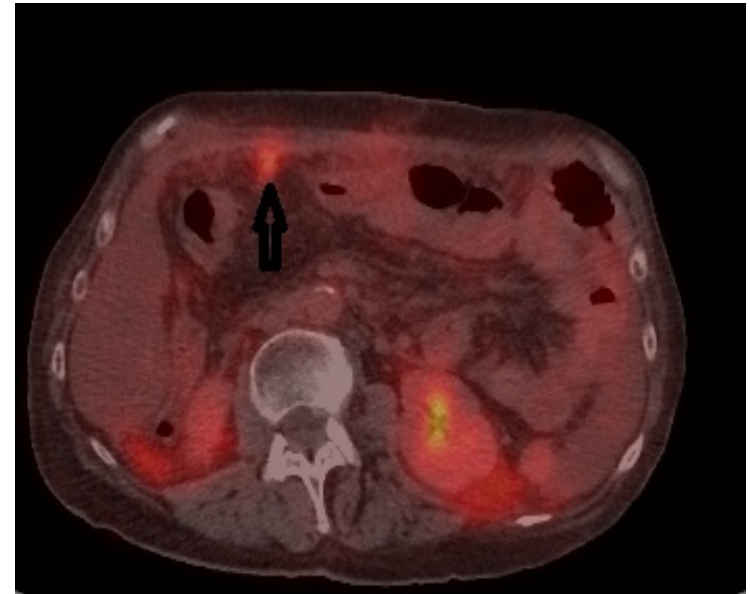
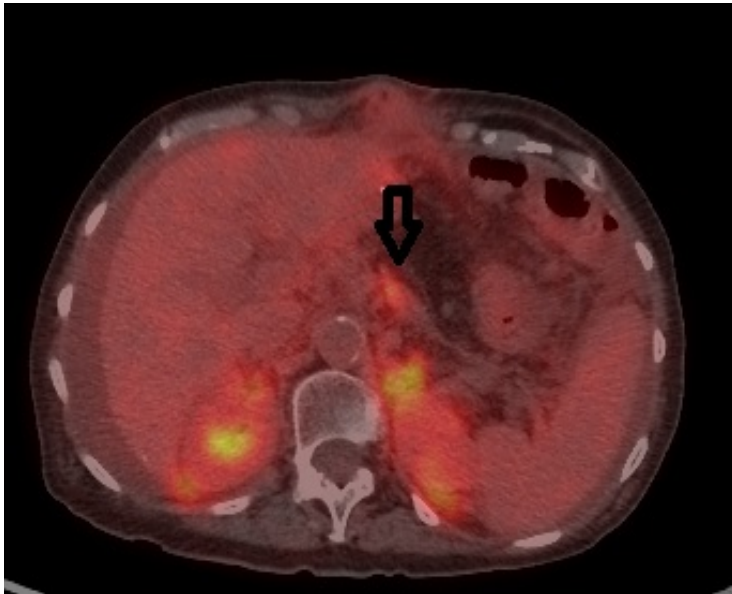


CA 19-9: 1930→65

Whipple surgery pathology showed partial response (Evans grade II)
2.3 cm moderate to poorly differentiated adenocarcinoma, 6 out of 27 lymph
nodes involved, duodenal wall involvement

At 11 months from diagnosis

Surveillance scan at 3 months from surgery



CA 19-9: 1930 → 65 → 471

PS 1

QUESTION 2



Choice of next line in therapy?

- A. Re-challenge with mFOLFIRINOX
- B. 5FU plus Onivide
- C. Gemcitabine and Abraxane
- D. Gemcitabine alone
- E. Hospice

CASE



- Patient was started on Gem/ABX
- Tolerated this expected TRT's
- After 2 months:
 - worsening abdominal pain and distension
 - new backpain
 - 10lb weight loss
- Restaging scans: New omental metastasis with L3 pedicle lesion
- PS 2

QUESTION 3



Choice of next line in therapy?

- A. Clinical trial
- B. 5FU plus Onivide
- C. FOLFOX
- D. Gemcitabine alone
- E. Palliative Radiation, paracentesis and hospice

Case



- Patient elected to proceed with palliative care and hospice