Pancreatic cancer in elderly: how far can we go?

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Disclosure
• I have no conflicts of interest

Pancreatic cancer in elderly

Epidemiology: Incidence
- Europe: 103,773 new cases with 35% > 74 years
- US (SEER): 43,140 new cases with 32% > 74 years
- Japan: 24,400 new cases with 46% > 75 years

Treatment
- Resectable
- Adjuvant post resection
- Locally advanced
- Metastatic

Surgical Resection
20%
Palliative Therapy
80%

1/4 elderly pt not eligible
1/5 elderly pt not eligible

After Oncogeriatric assessments

Resectable disease: Surgery

- Large retrospective study from the French Surgical Association
- 2004 to 2009, 932 patients, 97 institutions
- 3 groups according to age
  - < 70 years (control group; n=580)
  - 70 to 79 years (70s group; n=288)
  - 80 years and more (80s group; n=64)

Only 65% of elderly patients received adjuvant treatment
Resectable disease: Adjuvant treatment

Median age: 62 (34 – 82 yrs)
SAE: Gemcitabine 14.5% Observation 8.5%


Disease-free survival
Overall survival

Median age: 63 (31 – 85 yrs)
Toxicity Grade 3/4: 5FU: 14 % (mucitis, diarrhea) - Gemcitabine: 7.5% (haematol)

Resectable disease: Adjuvant treatment

Locally-advanced disease

• No gold standard
  – RTCT: widely used in the US
  • Very old and poor quality trials
  • Recent trial: trends but few patients enrolled
    – Improvement in RR and OS
    – Much more toxicity


N=63
P=0.0002

N=63
P=0.022

N=63
P=0.0001

N=63
P=0.048

N=63
P<0.001

N=63
P<0.001

N=63
P=0.0002

N=63
P=0.0002

N=63
P=0.0002

SAE: Significant adverse events

NCCN guidelines

Pemetrexed + cisplatin vs gemcitabine in metastatic pancreatic cancer: a randomised controlled trial of 688 patients (NCT00068519).

Leathem P, et al ASCO 2006

NCCN guidelines

Phase III Trials with Gemcitabine

ERLOTINIB: 569 Pts
Gemcitabine vs Gem + Erlotinib
Median age 64 yo (44% > 65y)

NAB-PACLITAXEL: 861 Pts
Gemcitabine vs Gem + Nab-paclitaxel
Median age 63 yo (42% > 65y)

Van Hoft et al. JCO 2013

Combo with Gemcitabine for fit patients
FOLFIRINOX for fit patients

<table>
<thead>
<tr>
<th>FOLFIRINOX (N=171)</th>
<th>Gemcitabine (N=171)</th>
<th>p</th>
<th>HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Survival</td>
<td>11.1 mo. (9.0 - 13.1)</td>
<td>0.0 mo. (5.5 - 7.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>1 Month Survival</td>
<td>75.4%</td>
<td>17.4%</td>
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<tr>
<td>6 Month Survival</td>
<td>40.4%</td>
<td>20.0%</td>
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<tr>
<td>12 Month Survival</td>
<td>10.4%</td>
<td>4.0%</td>
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</tbody>
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Median age 61 years (25-76)
Perfect health

GERIATRIC PROFILE OF ELDERLY PATIENTS TREATED FOR PANCREATIC CANCER: THE ONCOGEPAN DATABASE (SIRIC program)

- **AIM:** To describe and evaluate the geriatric parameters that may impact on survival in the elderly population diagnosed with pancreatic cancer
  - 51 pts over 70 years of age
  - Addressed to oncogeriatrician for Comprehensive Geriatric Assessment (CGA)

- **RESULTS:**
  - Median overall survival: 4.9 months
    - Surgery: 11.4 months
    - Chemotherapy: 8.3 months
    - Palliative care: 3.3 months

Predictive factors for overall survival:

**Univariate analysis**
- Dependence of daily living activities (ADL) (p<0.001; IC95% 1.98-8.07)
- Presence of cognitive impairments (p=0.029; IC95% 1.06-4.23)
- Functional status with a "Timed up and go test >20sec" (p<0.001; IC95% 2.42-12.74)
- Inability to maintain a unipodal stance (p<0.001; IC95% 1.64-6.78)

**Multivariate analysis**
- Metastatic status (HR 5.97; IC95% 1.87-19.07; p=0.003)
- Balducci score of 3 (HR 3.53; IC95% 1.45-8.60; p=0.005)

**Conclusion**
- Autonomy, cognitive impairments and functional frailty are geriatric parameters who affect survival in elderly
- Excluding cases with severe comorbidities, resectable disease should be treated with surgery and adjuvant treatment
- Locally-advanced disease and metastatic disease management depend on patients issues
  - Gemcitabine should mainly be used as a single agent
  - Gemcitabine + Abraxane or Folfirinox might be considered for patients < 75 years in a good overall health
- The role of geriatrician is complementary to that of the surgeon and the oncologist to maintain autonomy and good quality of life