ORIGINAL ARTICLE

Danish experiences with FOLFIRINOX as first-line therapy in patients with inoperable pancreatic cancer

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INTRODUCTION

Worldwide, pancreatic cancer (PC) ranks 13th in cancer incidence, but 8th as a cause of cancer death. For more than a decade, the reference regimen for palliative treatment of PC has been gemcitabine. In 2011, a randomised trial published by the PRODRIGE Intergroup showed an increase in median overall survival from 6.8 to 11.1 months in patients treated with FOLFIRINOX as compared with gemcitabine.

MATERIAL AND METHODS

A total of 16 patients treated with FOLFIRINOX as first-line therapy for inoperable PC were included for this retrospective study. FOLFIRINOX was administered unmodified according to the PRODRIGE trial, and up to 12 cycles were planned with a computed tomography (CT) for every fourth cycle.

RESULTS

Eleven patients completing at least four cycles of chemotherapy and therefore evaluable for response were assessed by review of CT. Partial response (PR) was shown after four cycles in four patients, whereas seven patients had stable disease, which resulted in an objective response rate of 36%. After eight cycles, one additional patient obtained a PR. No complete responders or patients with progressive disease were recorded.

Toxicity was assessed by review of medical records with respect to toxic effects requiring interruption of therapy, admission of the patient or prolonged admission.

CONCLUSION

Toxicity was shown to be a problem only during the first five cycles, and no patients were admitted to hospital due to toxicity after having received more than five cycles.

The six-month-survival was 81%.

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