

## AB128. P104. Gemcitabine/taxane adjuvant therapy with chemoradiation in resected pancreatic cancer: a novel strategy for improved survival?

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**Background:** Gemcitabine-taxane combination chemotherapy has demonstrated a survival benefit, clinically, in metastatic PC. We present our experience with gemcitabine/docetaxel (gem/tax) based adjuvant treatment (Rx) following curative intent surgery.

**Methods:** Patients with de-novo resectable PC from January 2010 to December 2015 were identified from our institutional database and registry. We only included those patients who received gem/tax as initial Rx administered exclusively at our institution  $\pm$  chemoradiation (CRTx). Survival analysis was performed by Kaplan-Meier

methods and prognostic factors were investigated by Cox proportional hazard modeling.

**Results:** Of 102 patients identified, 58 met study criteria. Median age of diagnosis was 65 years with 55% of patients undergoing an R1 resection (margin  $\leq 1$  mm). Tumor characteristics included: median tumor size 28 mm, poor differentiation 54% and lymph node positivity 67%. Ninety percent of patients (52/58) completed  $\geq 80\%$  of 24-week Rx. Of those, 71% received post gem/tax CRTx Rx. Grade 3/4 toxicity was observed in 52% of patients. Median length of follow-up was 51.2 months and the observed median overall survival (OS) was 52 months (95%CI: 27.4-NR). Actuarial 5-year OS was 49% (95%CI: 33.7-63.4). On multivariate analysis, an R1 resection and AJCC stage 2 *vs.* stage 1 were negatively associated with OS whereas administration of CRTx was positively associated with OS.

**Conclusions:** Adjuvant gem/tax  $\pm$  CRTx is feasible with favorable OS. Future prospective studies of gem/taxane-based adjuvant Rx in PC are warranted.

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