Aim: There is no standard of care for APDAC pts who have progressed to a first line chemotherapy (CT) and investigated drugs have shown limited activity and efficacy. Nab-P in combination with G represents an optimal first line CT choice in APDAC and it seems to be active in G-resistant pts.

Methods: APDAC pts who received a combination of nab-P 125 or 100 mg/m² and G 1000 mg/m² on days 1, 8, and 15 of a 28 day cycle as 2nd or further line of treatment were retrospectively analyzed. We evaluated activity in terms of Stable Disease (SD), Partial Response (PR), Complete Response (CR), efficacy (Progression-Free Survival, PFS and Overall Survival, OS) and safety. OS and PFS were estimated with the Kaplan-Meyer method with 95% CI. Cox-regression model was applied to the data with a univariate and multivariate approach.

Results: 74 pts (M/F: 49/25) median age 59 (range 38-83), ECOG Performance Status of 0/1/2: 31/33/10 respectively, were evaluated. 48 pts (64.9%) had liver metastases and 24.3% had multiple metastatic sites. Baseline CA19.9 level was >59xULN in 50% pts. Median number of previous treatment lines was 2 (range 1-4) and 59.5% received FOLFIRINOX/FOLFOXIRI first line CT. Nab-P + G was administered as 2nd/3rd/4th/5th line-therapy in 35/28/10/1 pts, respectively, for a median number of 3 cycles (range 1-14). 1 CR, 16 PR and 19 SD were recorded. Median PFS was 4 months (95% CI 2.6-5.4); 3- and 6-month PFS rate were 62% and 33.8%, respectively. Median OS was 7 months (95% CI 4.3-9.7); 6- and 12-month OS were 52% and 23%, respectively. G4 neutropenia and G4 mucositis were observed in 2 and 1 pts, respectively. G3 toxicities were represented by neutropenia (13.5%), thrombocytopenia (8%), neurotoxicity, nausea and anemia (3%). At multivariate analysis, first line FOLFIRINOX/FOLFOXIRI was not significantly associated with PFS (p = 0.556) and OS (p = 0.70). Similarly, number of previous treatment lines was not related to PFS and OS. CA19.9 reduction >50% from baseline was significantly associated both to PFS and OS (p < 0.0001).

Conclusions: Our data show that APDAC-pretreated pts may benefit from Nab-P and G combination both in terms of PFS and OS, regardless of previous treatment number and regimen with a mildly tolerated toxicity profile.

Disclosure: All authors have declared no conflicts of interest.