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Summary

RNA-SEQUENCING ON EUS-ACQUIRED TISSUE OF PANCREATIC CANCER AT DIAGNOSIS AND AFTER FIRST-LINE CHEMOTHERAPY ALLOWS IDENTIFICATION OF BIOMARKERS OF PROGNOSIS AND RESPONSE TO CHEMOTHERAPY: FIRST RESULTS FROM THE PACEUT TRIAL

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Mechanisms & Personalised Medicine | Pancreas | Digestive Oncology

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Transcriptomic profiling of EUS-acquired PDAC samples successfully stratified prognosis at diagnosis and after first-line chemotherapy, with basal-like subtype and higher PURIST scores predicting worse survival.

KEY POINTS

- RNA sequencing succeeded in 239 of 240 baseline EUS-FNA samples (99.6%), with 6.7% classified as basal-like and 93.3% as classical subtype.
- Basal-like patients had significantly shorter overall survival (11 vs 15 months, p=0.04) and progression-free survival (7 vs 9 months, p=0.02) compared to classical subtype.
- Higher PURIST score correlated with worse overall survival (r=-0.21, p=0.001) and progression-free survival (r=-0.21, p=0.0009), and was associated with increased progression risk (aHR 1.31, 95% CI 1.12-1.54, p=0.0009).
- Classical patients responded best to FOLFIRINOX compared to other regimens (aHR 0.78, 95% CI 0.62-0.98, p=0.004), and PURIST score particularly predicted progression risk in FOLFIRINOX-treated patients (aHR 1.47, 95% CI 1.10-1.95, p=0.008).
- In 25 patients undergoing paired tumor re-sampling after chemotherapy, increased PURIST score after treatment was associated with significantly increased mortality risk (HR 4.48, 95% CI 1.45-13.0, p=0.0097).
- This is the largest study evaluating transcriptomics on EUS-acquired tissue at diagnosis and the first to evaluate tumor molecular features after chemotherapy.

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