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Summary

IMPACT OF BILIARY DRAINAGE FOR UNRESECTABLE PANCREATIC CANCER TREATED WITH NANOLIPOSOMAL IRINOTECAN WITH FLUOROURACIL AND FOLINIC ACID: A MULTICENTERED PROSPECTIVE STUDY (NAPOLEON-2)

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Pancreas

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A prospective real-world Japanese study of 150 unresectable pancreatic cancer patients found that nanoliposomal irinotecan plus fluorouracil with folinic acid showed comparable efficacy regardless of prior biliary drainage status, though biliary drainage patients experienced more nonhematological adverse events.

KEY POINTS

- Overall survival did not differ significantly between non-biliary drainage and biliary drainage groups (8.6 versus 6.8 months, hazard ratio 1.25, P = 0.29), nor did progression-free survival (3.7 versus 3.6 months, P = 0.81).
- Overall response rate was 11% in both groups and disease control rate was 58% versus 51% in non-biliary drainage versus biliary drainage groups.
- Nonhematological adverse events of grade 3 or higher occurred in 40% of non-biliary drainage patients versus 68% of biliary drainage patients, with biliary tract infection notably higher in the biliary drainage group (30% versus 4%).
- Median relative dose intensity was maintained above 70% for nanoliposomal irinotecan and above 78% for fluorouracil in both groups.
- This study is relevant for clinicians managing second-line treatment decisions in unresectable pancreatic cancer patients with or without biliary drainage.

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