

## Pancreatic Cancer

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### **First-Line Treatment of Metastatic Pancreatic Endocrine Carcinomas with Capecitabine and Temozolomide**

**Jonathan Strosberg**, Junsung Choi, Nancy Gardner, Larry Kvols

H. Lee Moffitt Cancer Center, Tampa, FL, USA

**Background:** Pancreatic endocrine carcinomas (PECAs) are uncommon, with an estimated annual incidence of 1/100,000. Approximately half are metastatic at diagnosis. Trials of cytotoxic chemotherapy have established the activity of several drugs, including streptozocin, doxorubicin, 5-fluorouracil (FU), and dacarbazine. Response rates of approximately 40% have been described using combination regimens. The oral agent temozolomide, which has the same active metabolite as dacarbazine, has also been studied in neuroendocrine tumors.

The combination of capecitabine and temozolomide has been found to be synergistic for apoptosis in neuroendocrine cell lines. Early human data indicate that this combination is both effective and well tolerated.

**Methods:** Patients with progressive metastatic PECAs received treatment with a combination of capecitabine (750 mg/m<sup>2</sup> twice daily on days 1-14) and temozolomide (200 mg/m<sup>2</sup> daily on days 10-14), on a 28-day cycle. Radiographic response rates were assessed by computed tomography (CT) scans and evaluated according to RECIST criteria.

**Results:** Between 9/2005 and 9/2007, 17 patients received this combination as front-line chemotherapy for metastatic PECAs. The median age was 58 (28-77) years. There were 3 gastrinomas (17%), 2 insulinomas (12%), 2 glucagonomas (12%), and 10 non-

functioning tumors (59%). Eight tumors were well-differentiated, 2 were moderately differentiated, and 7 were not graded. All patients had an Eastern Cooperative Oncology Group (ECOG) performance status of 0-1.

Twelve patients (71%) had a partial radiographic response and 5 patients (29%) had stable disease by RECIST criteria. At a median follow-up of 12 months, there were no cases of disease progression. Only 1 patient (6%) experienced a grade 3/4 toxicity.

**Conclusion:** The combination of capecitabine and temozolomide appears to be a highly active and exceptionally well-tolerated front-line treatment for patients with metastatic pancreatic endocrine carcinoma.