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**Standard dosing and delivery of gemcitabine/nab-paclitaxel**

Hi. I am Dr. Andrea Wang-Gillam, a medical oncologist specializing in pancreas cancer. Today I will be talking about management of a front-line regimen in pancreatic cancer using nab-paclitaxel plus gemcitabine. Based on the MPACT study, nab-paclitaxel plus gemcitabine has results of superior overall survival compared to gemcitabine alone. The overall survival using gemcitabine plus nab-paclitaxel was 8.5 months compared to 6.7 months using gemcitabine alone. Nab-paclitaxel dose was 125 mg/m<sup>2</sup>. Gemcitabine was 1000 mg/m<sup>2</sup>. Those were given three weeks on, one week off. The regimen was tolerable. The common toxicities encountered in the clinic were neutropenia, leukopenia, thrombocytopenia, and anemia. Routinely, Neupogen® (filgrastim) or Neulasta® (pegfilgrastim) was not used given the febrile neutropenia rate was only around 3%. We do see fatigue, peripheral neuropathy, and diarrhea encountered with this regimen. The Grade 3 peripheral neuropathy generally occurred in patients who received a few months of the gemcitabine plus nab-paclitaxel. I think the median time to onset is around 140 days. That is something we do need to pay attention and sometimes Cymbalta® (duloxetine) or agents like that can be used for peripheral neuropathy. I think overall, nab-paclitaxel plus gemcitabine is a well-tolerated regimen. It is commonly used in a front-line setting in patients with a metastatic pancreas cancer.