

## posters

P – 139

### Efficacy of a Sequential Treatment Strategy with GEMOX Followed by FOLFIRI in Advanced Cholangiocarcinoma

S. Sebbagh<sup>1</sup>, J. Roux<sup>2</sup>, C. Dreyer<sup>2</sup>, C. Neuzillet<sup>3</sup>, A. de Gramont<sup>4</sup>, C. Orbegoso<sup>5</sup>, O. Hentic<sup>6</sup>, P. Hammel<sup>7</sup>, A. de Gramont<sup>8</sup>, E. Raymond<sup>9</sup>, T. André<sup>10</sup>, B. Chibaudel<sup>11</sup>, S. Faivre<sup>9</sup>

<sup>1</sup>Beaujon Hospital, Clichy, France

<sup>2</sup>Saint-Antoine Hospital, Paris, France

<sup>3</sup>Hôpital Henri-Mondor, Créteil, France

<sup>4</sup>CHUV, Lausanne, Switzerland

<sup>5</sup>Marques de Valdecilla University Hospital, Santander, Spain

<sup>6</sup>Hôpital Beaujon, Clichy, France

<sup>7</sup>Service de Gastroentérologie, Hôpital Beaujon, Clichy, France

<sup>8</sup>Oncology Department, Institut Hospitalier Franco-Britannique, Levallois-Perret, France

<sup>9</sup>Oncology Unit, Centre Hospitalo-Universitaire Vaudois (CHUV), Lausanne, Switzerland

<sup>10</sup>Hopital Saint-Antoine, Paris, France

<sup>11</sup>Institut Franco-Britannique, Levallois-Perret, France

**Introduction:** Gemcitabine (GEM)-platinum chemotherapy is validated first-line strategy for patients with recurrent/advanced cholangiocarcinoma (CK), with

progression-free survival (PFS) of 6-8 months. No standard second-line chemotherapy after GEM-platinum failure exists and data on survival benefit remain limited.

**Methods:** We retrospectively reviewed patients with recurrent/advanced CK who received the GEM-oxaliplatin combination (GEMOX) followed by 5-fluorouracil combined with irinotecan (FOLFIRI) to evaluate the efficacy of the sequential treatment strategy. Overall survival (OS) and PFS were calculated by Kaplan-Meier method.

**Results:** Fifty-two patients were analyzed, 21 (40%) had intrahepatic CK, 14 (27%) had hilar/extrahepatic CK, and 17 (33%) had gallbladder cancer. Median age was 64 years (range: 38-79 year). Prior to GEMOX, 49 (94%) and 3 (6%) patients were performance status (PS) 0-1 and PS 2, respectively; and before FOLFIRI, 14 (27%) patients were PS 2-3. Prior curative-intent resection of the primary tumor was performed in 23 (44.2%) patients and 12 (23.1%) patients received GEMOX adjuvant chemotherapy. After a median follow-up of 36.3 months, 47 (90.4%) patients completed the treatment strategy. First-sequence GEMOX and second-sequence FOLFIRI achieved 4.8 months and 3.2 months median PFS, respectively. The global OS for the sequential chemotherapy was 21.9 months. The sequence of FOLFIRI resulted in a median OS of 8.4 months.

**Conclusion:** The sequence of GEMOX-FOLFIRI is a potential treatment strategy for patients with recurrent/advanced CK. However, only a modest impact on OS was observed. Further studies with novel therapeutic agents to improve survival in CK patients are required.