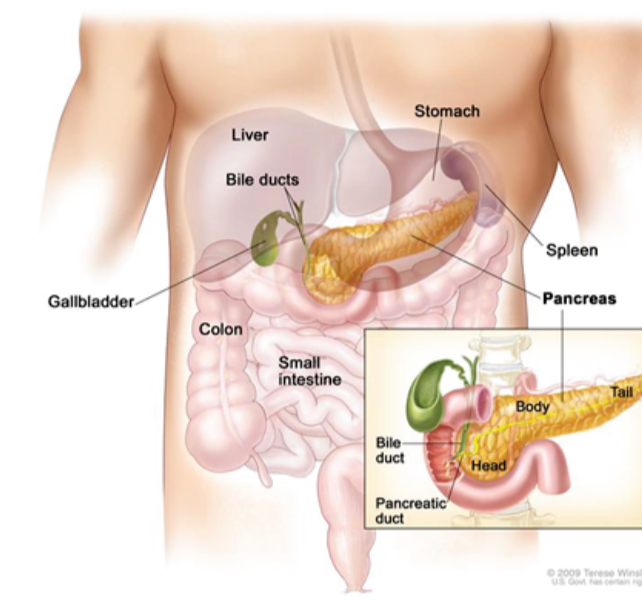


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## INTRODUCTION

- Pancreatic cancer (CP) is a very lethal tumor. It is the main cause of mortality among North-Americans<sup>1</sup>, and the second among Brazilians<sup>2</sup>, when considering the population from 40 to 79 years-old;
- Adenocarcinoma (ACP) is the prevalent histological type. It is frequently diagnosed at advanced stages<sup>3</sup>, and therefore more often treated with non-curative intent<sup>5</sup>;
- Prognosis may be negatively impacted by biological, clinical, and pathological factors, among others<sup>4</sup>, resulting in an overall 5-year survival rate of 7.7%<sup>1</sup>. Nevertheless, some patients have a longer survival due to unknown features;
- Information about clinical, epidemiological and molecular characteristics of CP in Brazil is scarce.

## OBJECTIVE



To evaluate the sociodemographic and clinical-pathological characteristics of CP/ACP in Brazil and at INCA, investigating their association with tumor molecular profiling and prognostic factors in a subgroup of the ACP patients.

## METHODOLOGY

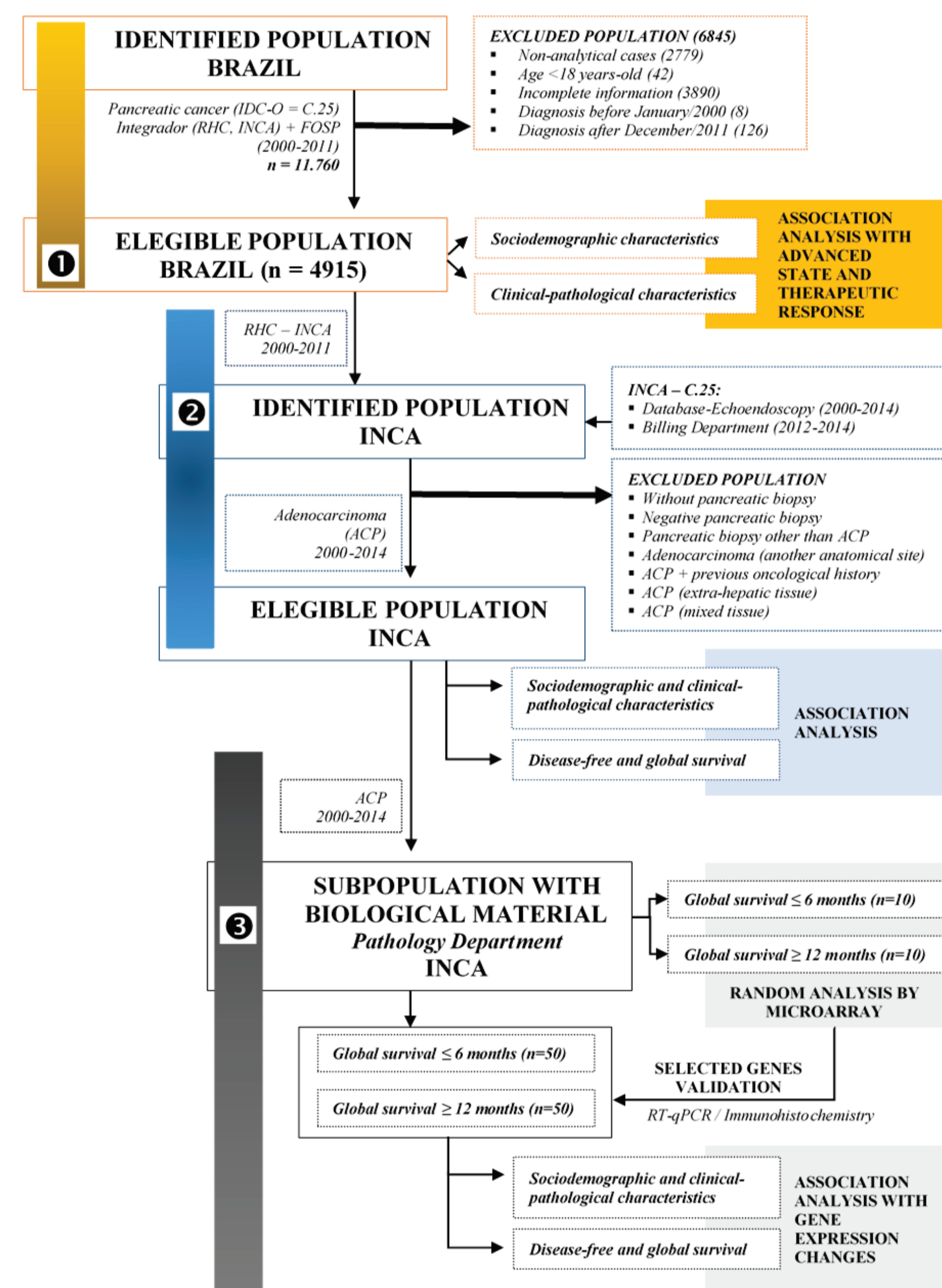


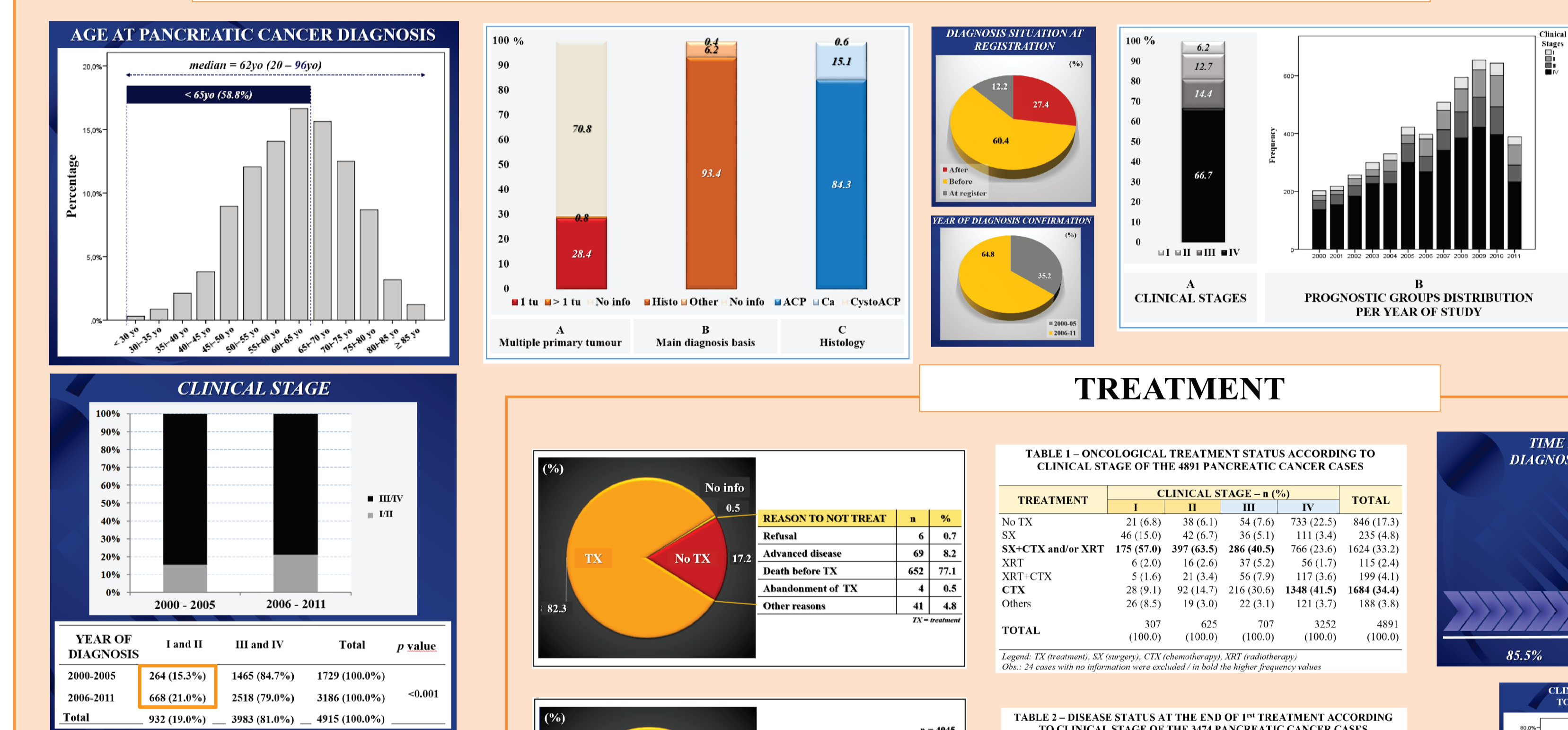
Figure – Study and population design: the Brazil (1) and INCA (2 and 3) steps are demonstrated with respective sources and populations.

## CONCLUSION

- Though it was observed some sociodemographic peculiarities (age < 65yo, white skin colour, and no alcoholic/tobacco habit), Brazilian CP patients generally get to hospital without previous diagnosis, that is often for ACP in an advanced disease stage, and are treated with CTX, usually in the Southeast region;
- Almost 50% of patients who received treatment had inadequate therapeutic response due to histological type (ACP), no diagnosis at hospital registration, advanced disease stage and others; Furthermore, almost 20% of patients died before treatment started, usually because of advanced stage disease;
- Future perspectives are to analyze data from INCA's patients and to associate their epidemiological data with wide genome analyzes of global gene expression by DNA microarray in ACP samples.

## RESULTS

### CLINICAL AND PATHOLOGICAL CHARACTERISTICS



### TREATMENT

TABLE 1 - ONCOLOGICAL TREATMENT STATUS ACCORDING TO CLINICAL STAGE OF THE 491 PANCREATIC CANCER CASES

TREATMENT	I	II	III	IV	TOTAL
No TX	21 (6.8)	38 (8.1)	54 (7.6)	73 (22.5)	146 (17.3)
SX	46 (15.0)	42 (8.7)	36 (5.1)	131 (3.4)	255 (48.8)
SX+CTX and/or XRT	179 (57.8)	207 (46.8)	286 (40.8)	766 (23.6)	1440 (29.2)
XRT	6 (2.0)	16 (2.6)	37 (5.2)	56 (1.7)	115 (2.4)
XRT+CTX	5 (1.6)	21 (2.4)	56 (7.9)	137 (3.6)	199 (4.1)
CTX	28 (9.3)	62 (14.7)	216 (30.0)	148 (4.5)	454 (9.3)
Others	26 (8.5)	19 (3.0)	22 (3.1)	121 (3.7)	188 (3.8)
<b>TOTAL</b>	<b>307</b>	<b>425</b>	<b>507</b>	<b>1352</b>	<b>4912</b>

Legend: TX (treatment), SX (surgery), CTX (chemotherapy), XRT (radiotherapy). Obs.: Cases with no information on treatment were excluded (in bold the higher frequency values).

TABLE 2 - DISEASE STATUS AT THE END OF 1<sup>st</sup> TREATMENT ACCORDING TO CLINICAL STAGE OF THE 354 PANCREATIC CANCER CASES

DISEASE STATUS	I	II	III	IV	TOTAL
No disease	66 (25.4%)	99 (19.0%)	41 (27.5%)	21 (1.0%)	227 (6.7%)
Partial remission	18 (7.5%)	39 (7.0%)	43 (7.7%)	76 (3.5%)	176 (5.1%)
Stable disease	76 (29.2%)	159 (30.0%)	153 (22.2%)	335 (15.5%)	723 (20.6%)
Disease in progression	14 (5.8%)	55 (10.7%)	96 (17.1%)	407 (18.9%)	572 (16.5%)
Others	108 (41.8%)	53 (10.2%)	117 (17.5%)	181 (8.5%)	459 (13.1%)
Clinical support	0 (0.0%)	5 (1.0%)	11 (2.7%)	39 (1.8%)	55 (1.6%)
Death	64 (25.6%)	159 (30.0%)	221 (30.5%)	127 (6.2%)	571 (16.3%)
<b>TOTAL</b>	<b>241 (68.0%)</b>	<b>315 (88.0%)</b>	<b>502 (100.0%)</b>	<b>374 (100.0%)</b>	<b>1438</b>

Obs.: Cases without information on treatment were excluded (in bold the higher frequency values).

TABLE 5 - FREQUENCY OF THERAPEUTIC RESPONSE ACCORDING TO CLINICAL-EPIDEMIOLOGICAL VARIABLES

VARIABLES	INADEQUATE (n = 2341*)	ADEQUATE (n = 1126)	p value
Gender			0.012
Male	1292 (55.1%)	571 (50.0%)	
Female	1053 (44.9%)	558 (49.8%)	
< 65yo	1393 (59.4%)	701 (62.1%)	0.129
≥ 65yo	952 (40.6%)	428 (37.9%)	
Brazil's region of residency**			0.006
SE and S	2145 (91.6%)	999 (88.7%)	
N, NE and CO	196 (8.4%)	127 (11.3%)	
2000 to 2005	776 (33.1%)	365 (32.3%)	0.654
2006 to 2011	1569 (66.9%)	764 (67.7%)	
Diagnosis at institution registration (No treatment)			0.017
Without diagnosis	1573 (67.3%)	802 (71.3%)	
With diagnosis	766 (32.7%)	323 (28.7%)	
Histopathological type***			<0.001
ACP + CystoACP	2032 (86.7%)	917 (81.2%)	
Carcinoma	313 (13.3%)	212 (18.8%)	
Diagnosis-Treatment time interval			0.507
< 60 days	1092 (46.6%)	493 (43.2%)	
≥ 60 days	1249 (53.4%)	633 (56.8%)	
Clinical stage			<0.001
I and II	297 (12.7%)	439 (38.7%)	
III and IV	2048 (87.3%)	687 (61.3%)	
SX	124 (5.3%)	70 (6.2%)	<0.001
SX+CTX+XRT	846 (36.1%)	602 (53.3%)	
XRT	59 (2.5%)	38 (3.4%)	
CTX+XRT	124 (5.3%)	54 (4.8%)	<0.001
CTX	1073 (45.8%)	309 (27.4%)	
Others	117 (5.0%)	56 (5.0%)	

Legend: \* Excluded cases with no treatment information; \*\* SX (surgery), CTX (chemotherapy), XRT (radiotherapy); \*\*\* Adequate response: partial remission, stable disease, and complete response.

TABLE 3 - CLINICAL STAGE ASSOCIATION ANALYSIS TO SOCIODEMOGRAPHICAL AND CLINICAL VARIABLES

VARIABLES	CLINICAL STAGE - n (%)	p value	
	III and IV (n = 3983*)	I and II (n = 922*)	
Gender			0.001
Male	2162 (54.3%)	450 (48.3%)	
Female	1821 (45.7%)	482 (51.7%)	
Age			0.139
< 65yo	2362 (59.3%)	528 (56.7%)	
≥ 65yo	1621 (40.7%)	404 (43.3%)	
Brazil's region of residency**			0.248
N, NE and CO	373 (9.4%)	76 (8.2%)	
SE and S	3601 (90.6%)	846 (91.8%)	
Year of diagnosis			<0.001
2000 to 2005	1465 (36.8%)	264 (28.3%)	
2006 to 2011	2518 (63.2%)	668 (71.7%)	
Diagnosis at institution registration			<0.001
Without diagnosis	1381 (34.9%)	190 (20.5%)	
With diagnosis	2580 (65.1%)	737 (79.5%)	
Histopathological type***			<0.001
ACP + CystoACP	3482 (87.4%)	690 (74.0%)	
Carcinoma	501 (12.6%)	242 (26.0%)	

Legend: \* Odds ratio; \*\* Confidence interval; \*\*\* N (North), NE (Northeast), CO (Center), S (South), SE (Southeast).

Legend: \* Odds ratio; \*\* Confidence interval; \*\*\* N (North), NE (Northeast), CO (Center), S (South), SE (Southeast).

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Legend: \* Odds ratio; \*\* Confidence interval; \*\*\* N (North), NE (Northeast), CO (Center), S (South), SE (Southeast).

### SOCIODEMOGRAPHIC CHARACTERISTICS

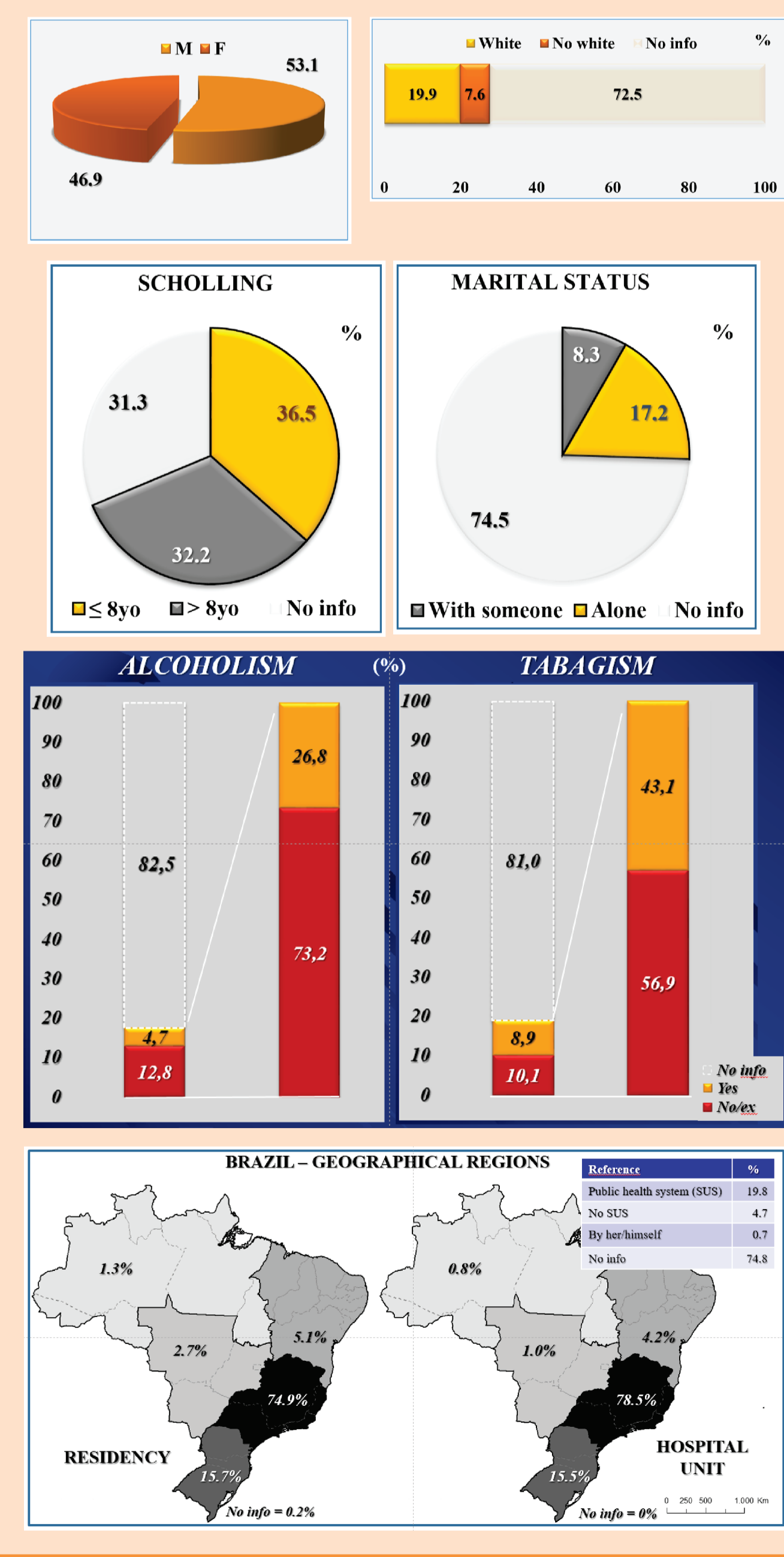


TABLE 6 - FREQUENCY OF THERAPEUTIC RESPONSE ACCORDING TO CLINICAL STAGE AND TREATMENT

CLINICAL STAGE	FIRST TREATMENT*	n	THERAPEUTIC RESPONSE (n (%))		p value
			ADEQUATE**	INADEQUATE***	
STAGE I	SX	43	26 (60.5)	17 (39.5)	
	SX+CTX+XRT	145	102 (70.3)	43 (29.7)	
	XRT	6	5 (83.3)	1 (16.7)	0.606
	CTX+XRT	5	3 (60.0)	2 (40.0)	
	CTX	18	10 (55.6)	8 (44.4)	
STAGE II	Others	24	17 (70.8)	7 (29.2)	
	Total	241	163 (67.6)	78 (32.4)	
	SX	36	18 (50.0)	18 (50.0)	
	SX+CTX+XRT	359	219 (61.0)	140 (39.0)	
	XRT	14	8 (57.1)	6 (42.9)	0.167
STAGE III	CTX+XRT	17	9 (52.9)	8 (47.1)	
	CTX	72	32 (44.4)	40 (55.6)	
	Others	17	10 (58.8)	7 (41.2)	
	Total	515	286 (57.3)	229 (42.7)	
	SX	29	12 (41.4)	17 (58.6)	0.022
STAGE IV	SX+CTX+XRT	253	117 (46.2)	136 (53.8)	
	XRT	32	20 (62.5)	12 (37.5)	
	CTX+XRT	51	20 (39.2)	31 (60.8)	
	CTX	176	63 (35.8)	113 (64.2)	
	Others	21	5 (23.8)	16 (76.2)	
STAGE V	Total	562	237 (42.2)	325 (57.8)	
	SX	86	34 (39.5)	52 (60.5)	
	SX+CTX+XRT	691	364 (52.7)	327 (47.3)	
	XRT	45	5 (11.1)	40 (88.9)	0.047
	CTX+XRT	105	22 (21.0)	83 (79.0)	
TOTAL*	CTX	1116	204 (18.3)	912 (81.7)	
	Others	111	24 (21.6)	87 (78.4)	
	Total	2154	433 (20.1)	1721 (79.9)	
	SX	194	70 (36.0)	124 (64.0)	
	SX+CTX+XRT	1448	602 (41.6)	846 (58.4)	
XRT	97	38 (39.2)	59 (60.8)		
CTX+XRT	178	54 (30.3)	124 (69.7)	<0.001	
CTX	1382	309 (22.4)	1073 (77.6)		
Others	173	56 (32.5)	117 (67.5)		
Total	3472	1129 (32.5)	2343 (67.5)		

Legend: \* Excluded cases with no treatment information; \*\* SX (surgery), CTX (chemotherapy), XRT (radiotherapy); \*\*\* Adequate response: partial remission, stable disease, and complete response.

## REFERENCES

- SIEGEL, R. L.; MILLER, K. D.; JEMAL, A. Cancer J Clin, 2016, 66(1): 7-30;
- DATASUS (2011). Disponível em <http://tabnet.datasus.gov.br/>;
- THOMASSETT, S. C.; LOBO, D. N. Surgery 2010, 28(5): 198-204;
- LEE, S. R. et al. Hepatogastroenterology, 2013, 60(122): 358-62;
- DEITTE, H. et al. JAMA, 2013, 310(14): 1473-81.