The Efficacy of Capecitabine Plus Oxaliplatin Combination Chemotherapy for Advanced Pancreatic Cancer after Failed with Gemcitabine Based Therapy

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Background: Salvage chemotherapeutic regimen after progressing on gemcitabine based chemotherapy for patients with advanced pancreatic cancer was not established. The purpose of this study was to evaluate the efficacy of capecitabine plus oxaliplatin (XELOX) combination chemotherapy as a salvage treatment for patients with advanced pancreatic cancer progressed after a gemcitabine based chemotherapy.

Methods: Between August 2011 and May 2014, all of the patients who had received XELOX combination chemotherapy after progressing on gemcitabine based chemotherapy for unresectable or recurred pancreatic ductal adenocarcinoma were recruited retrospectively. Response evaluation was performed every 9 weeks (after 3 cycles) and tumor response rate, progression free survival and overall survival were assessed.

Results: A total of 62 patients, who received at least 1 cycle of XELOX (capecitabine 1000 mg/m2 twice daily for 14 days and oxaliplatin 130 mg/m2 on Day 1, 3-week cycle) combination chemotherapy were included in the study. Of the 46 evaluable patients, 7 (15.2%) patients had a partial response and 19 (41.3%) patients demonstrated stable disease. Median progression-free survival was 103 days (95% confidence interval [95% CI], 54 – 152 days) and median overall survival was 196 days (95% CI, 118 – 274 days). Patients who maintained stable longer at frontline therapy (more than 20 days) were showed significantly longer progression free survival and overall survival. Most common grade 3-4 adverse event was vomiting (8.1%) followed by anorexia (6.5%). There was 1 treatment related mortality which caused by severe neutropenia (6.5%).

Conclusions: XELOX combination chemotherapy showed acceptable response rate and survival rate for patients with advanced pancreatic cancer as a salvage treatment after progression on gemcitabine based chemotherapy.

Risk Factors Associated with Gallbladder Polyp in Health Promotion Examinee

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Background: Gallbladder (GB) polyps are frequently encountered in nowadays. Previous studies have reported male sex, chronic hepatitis B infection, low HDL-cholesterol level and obesity as the risk factors associated with GB polyp. The aim of this study was to identify the risk factors of GB polyp in healthy subjects.

Methods: Patients who underwent examination through health promotion in Yeungnam university hospital from Jan 2010 to Dec 2013 were included. All patients underwent abdominal ultrasonography and diagnosis of GB polyp was made by abdominal ultrasonography. Their medical records were reviewed and analyzed retrospectively.

Results: A total of 23,899 subjects were included in this study and 1,973 subjects were diagnosed with GB polyp. Mean age of GB polyp group was significantly higher than non-GB polyp group (51.1 ± 10.4 vs 49.9 ± 11.4, p-value < 0.001). Male was more predominant in GB polyp group (71.1% vs 54.8%, p<0.001). On univariate analysis, older age, male sex, HDL-cholesterol level, presence of fatty liver, GB stone and higher body mass index were significantly associated with presence of GB polyp. On multivariate analysis, male sex (odds ratio=1.909, p<0.001), low HDL-cholesterol level (odds ratio=0.996, p=0.019) and GB stone (odds ratio=2.046, p<0.001) were identified as the risk factors associated with GB polyp.

Conclusions: In our study, risk factors for GB polyp were male sex, low HDL-cholesterol level and GB stone.

Gallstone Dissolution Efficacy According to Stone Density on CT Scan

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Background: Currently available medications to dissolve gallbladder stones are ursodeoxycholic acid(UDCA) or a combination of chenodeoxycholic acid(CDCA) and UDCA. In the previous studies, dissolution efficacy had been compared after excluding patients with stones evident on plain abdominal X-ray but CT scan was not routinely performed to evaluate the presence of calcification. This study was conducted to compare the dissolution efficacy of UDCA alone or a combination of CDCA and UDCA(NU) according to stone density on CT scan.

Methods: Among a total of 393 gallbladder stone patients who presented to the outpatient department of Korea University Ansan Hospital from December 2010 to March 2014, 124 patients underwent dissolution therapy with either CNU(n=61) or UDCA(n=63). Of these patients, 53 were excluded because of follow-up loss (n=37) or symptom development necessitating cholecystectomy(n=6). In the end, 71 patients (CNU group = 42, UDCA group = 29) were included for analysis. Dissolution was considered effective if the largest stone size diameter showed decrease of >50% or completely dissolved. Stone density on CT scan was divided into four groups: hypodense, isodense, hyperdense, and calcified.

Results: The baseline age [49.4±14.85 years vs. 53.59±19.90 years], treatment duration [183.07±16.02 days vs. 180.48±16.10 days], and pre-treatment stone size ([8.74±4.25mm vs. 9.20±5.50mm]) were not different between the CNU group and UDCA group. Effective dissolution was observed in 26.2% (11/42) and 48.3% (14/29) of patients after CNU and UDCA treatment, respectively (p=0.055). When only those with stones that were hypodense or isodense on CT scan were analyzed, the effective dissolution rate rose to 57.1% (8/14) and 75% (9/12) with CNU and UDCA treatment, respectively (p=0.429).

Conclusions: Patients with gallbladder stones that were hypodense or isodense showed much better dissolution rate. Therefore, CT scan should be performed prior to medication therapy if stone dissolution is intended.