

GAP: Phase 2 gemcitabine and *nab*-paclitaxel for resectable pancreas cancer

The GAP trial is helping researchers answer an important health question. It is providing evidence on the benefit of extra chemotherapy treatment before operation as well as after the operation for people with pancreas cancer.

We appreciate the part played by our volunteer participants. This may help to improve the medical treatment of patients in the future. Here is a summary of the trial and results.

What was the trial about?

People with pancreas cancer that may be curable usually have a standard treatment. This is surgery to remove the tumour and then chemotherapy, radiotherapy, or both. Unfortunately, many patients are not fit enough to have chemotherapy after the operation. Also, for some, the chemotherapy does not have a beneficial effect. GAP is a trial of using chemotherapy before surgery to identify those patients who will benefit from chemotherapy after surgery.

GAP trial patients had chemotherapy during the weeks before the operation.

All patients had the same treatment. There was no placebo or control group. They were compared with patients from other trials.

The treatment was the current most effective combination of drugs: gemcitabine and *nab*-paclitaxel, once a week for 3 weeks, and then repeated after a rest week, making 8 weeks in all.

41 eligible people enrolled in the trial. 5 did not go on to surgery, because they decided against it or because their tumour had spread during chemotherapy treatment.

Then, 29 (88%) had an operation that removed all the cancer and 6 did not.

If the tumour appeared to have been removed completely by surgery, they had another 4 months of chemotherapy. If the tumour had spread beyond an area that could be removed, they could have radiation treatment as well.

How was the effect of treatment measured?

Pathologists studied the tumour specimens removed by surgeons by microscope. If the tumour did not go all the way to the edges of the specimens, they concluded that all the tumour had been removed.

Another question for the researchers was how wide the margin should be. They aimed to find out whether a margin of 1 mm at the edges rather than a zero margin could be obtained with this kind of surgery.

Was the early chemotherapy a feasible treatment?

Two patients did not go on to surgery because their disease was not stopped by chemotherapy. Therefore they were saved from the burden of surgery that would not cure them.

The early chemotherapy was safe and feasible. Patients were more likely to be well enough to continue this treatment if they had it first than having it only after the operation.

About half the patients had all the cancer removed with a 1 mm clear margin to the edge of the specimen. Almost all (86%) had all the cancer removed with a zero margin.

Originally, a trial of 50 patients was planned. There were sufficient patients entered by the time of the first review to stop the trial as it was unlikely that more than the 42 seen would provide additional information.

What were the side-effects of the treatment?

Complications of surgery were as expected for this quite complicated surgery. They included heart problems, clots, infections and fluid retention.

The most frequent side-effects of chemotherapy were abnormal blood counts and infections, which was expected for this kind of treatment.

Were there any serious side-effects?

Two patients had serious infections after their operation. No patient died.

What does this mean for trial patients?

All patients had the current best treatment for their disease. The results of the early chemotherapy allowed some patients to avoid surgery that would not have helped them. More of these patients had the early chemotherapy than would normally have the after-surgery chemotherapy. This was put down to it being better tolerated by patients before surgery.

What will the researchers do next?

The researchers are still following up patients and will assess the effect of the treatment on survival. They will also look at whether a good result from the surgery (that is, whether the edges of the tumour were clear) is related to a good outcome later.

The tumour tissue provided by patients will be used, with their permission, to look for potential individual biomarkers that might have affected a patient's progress.

How will the results help patients and doctors in future?

The trial has added to current evidence that gemcitabine and nab-paclitaxel before surgery is a worthwhile treatment for this kind of pancreas cancer.

Where can I find out more about the trial?

Talk with your GP or oncologist.

Summary of conference presentation

meetinglibrary.asco.org/content/143994-156

AGITG

<http://agitg.org.au/clinical-trials/trials-in-follow-up/4-gap/>

Australian Cancer Trials

australiancancertrials.gov.au

Trial registration

anzctr.org.au

Registration number ACTRN12611000848909

The sponsor was the Australasian Gastro-Intestinal Trials Group. The study was coordinated by the Clinical Trials Centre at the University of Sydney and funded by the National Health and Medical Research Council. Specialised Therapeutics Australia supplied *nab-paclitaxel*.

Some of the investigators have had advisory roles for Specialised Therapeutics Australia. Full disclosures are listed with the results at meetinglibrary.asco.org/content/143994-156 (see link, 'Abstract disclosures').

Results of any clinical trial do not represent complete knowledge about treatment. Patients should not change their therapy on their understanding of the results.