The efficacy of the capecitabine single agent as 2nd line treatment in advanced pancreatic cancer

[1]Division of Medical Oncology & [2]Gastroentereology, [3]Department of Internal Medicine, College of Medicine, The Catholic University of Korea, Seoul, Korea

*Sun Young Han[1], Myung Ah Lee[1], In Seok Lee[2], Tae Ho Hong[3]

Objective: After the failure of 1st line gemcitabine based treatment, there is no standard treatment yet for the patients with advanced pancreatic cancer. The aim of this study is to determine the efficacy and safety of capecitabine single agent as 2nd line treatment in advanced pancreatic cancer. **Methods:** Total 31 patients with advanced pancreatic cancer, who had progressive disease after gemcitabine based treatment were retrospectively reviewed between January 2011 and July 2013 at Seoul St. Mary's Hospital. Capecitabine was administered at a dose of 1,250 mg/m^2 twice daily on days 1-14, repeated every 21 days. The survival time was calculated from the 1st day of capecitabine to death. **Results:** 25 patients had metastatic disease and 6 patients had locally advanced disease. The median age was 64.5 years (39-72). The median number of cycles was 1.5 (range 1-7). The objective response rate was 3.2% (1 partial response). Stable disease were observed in 6 patients (19%), and disease control was achieved in 7 patients (22.5%). Median progression-free survival was 10.6 weeks and median overall survival (OS) was 22.6 weeks. In survival analysis, disease controlled group showed longer OS than uncontrolled group (41.9 vs. 19.6 weeks, p=0.003). In analysis of predictive factor, patients with leukocytosis at the time of treatment had poor response (p=0.056). Grade 3/4 toxicities included hand-foot syndrome were observed in 4 patients (12.9%), mucositis in 2 patients (6.4%), and nausea/vomiting were in 2 patients (6.4%). There was no difference in OS between gemcitabine/erlotinib group and the gemcitabine single as 1st line treatment. (21.7 vs. 24.1 weeks, p=0.952). **Conclusion:** The capecitabine is a safe treatment option for patients who had progressive disease after gemcitabine based standard therapy. Further clinical trial of capecitabine based combination treatment should be warranted as 2nd line treatment for the advanced pancreatic cancer.

Acalculous cholecystitis as a complication of endoscopic snare papillectomy for ampullary adenoma

가톨릭대학교 인천성모병원 소화기내과

*임은주, 김병욱

Endoscopic snare papillectomy (ESP) for ampulla of Vater tumor (AVT) has been performed successfully instead of surgical ampullectomy (SA) because ESP is a less invasive procedure than SA. Hemorrhage, perforation and pancreatitis are relatively common complications of ESP and other rare complications such as cholangitis, liver abscess has been reported. A 52-year-old man presented for the management of adenoma arising from ampulla of Vater which was found incidentally in routine health check up. He denied any previous medical history and wanted an endoscopic management for the lesion. Under conscious sedation with midazolam and meperidine, the lesion was approached with side-viewing scope. After injection of normal saline and epinephrine mixture in the submucosal layer, ESP was performed successfully. followed by insertion of a pancreatic duct stent. Total procedure time was less than 40 minutes. Adenoma with low grade dysplasia was confirmed histopathologically and the margin was clear. Conservative management with intravenous fluid administration and nil per os was maintained. Five days after ESP, the patient complained right upper quadrant pain and the body temperature was elevated to 38.2°C. On laboratory examination, white cell was counted to 20,710/mm^3 and amylase was measured to 24 IU/L. AST and ALT was measured to 17 IU/L and 20 IU/L, respectively. Total bilirubin was 1.7 mg/dl and direct bilirubin was 0.6 mg/dl. Abdominal CT showed distended gall bladder with edematous change of the wall without any evidence of biliary stone, which suggested an AAC without any evidence of cholangitis. Percutaneous cholecystostomy tube was inserted (Fig. 3) and drained under fluoroscopic guidance and intravenous cefoperazone with sulbactam was administered. Ten days after insertion of percutaneous cholecystostomy tube, the patient's condition improved and laboratory studies returned to normal value. The patient was discharged after removal of percutaneous cholecystostomy tube. Acalculous cholecystitis even can develop after ESP for small AVT and the endoscopists should be aware of this rare complication. It can be managed successfully with percutaneous cholecystectomy and intravenous antibiotics.