Dear NCCN Pancreatic Adenocarcinoma Guidelines Panel:

On behalf of Celgene Corporation, we respectfully request that the NCCN Pancreatic Adenocarcinoma Guidelines Panel review recently updated data regarding the use of Abraxane® (albumin-bound paclitaxel) for metastatic pancreatic cancer.

**Specific Changes:**
We respectfully request an update to the Discussion surrounding Systemic Therapy Approaches (MS-15) for pancreatic adenocarcinoma to reflect the most recently presented results from the Phase III MPACT (Metastatic Pancreatic Adenocarcinoma Clinical Trial), including updated overall survival (OS) data. Additionally, albumin-bound paclitaxel in combination with gemcitabine is currently recommended for the treatment of metastatic pancreatic adenocarcinoma in patients with good performance status (defined as ECOG 0-1 with good pain management, patent biliary stent, and adequate nutritional intake) with a Category 1 rating. We request NCCN update this listing and recommend the use of albumin-bound paclitaxel in patients with metastatic pancreatic cancer in the “poor performance status” section as a preferred treatment option with a Category 1 rating and add language to the Guidelines section for metastatic disease and the Discussion surrounding Systemic Therapy Approaches (MS-15) for pancreatic adenocarcinoma to indicate that patients with a KPS ≥70 were also included in the MPACT.

**FDA Clearance:**
On September 6, 2013, the FDA approved albumin-bound paclitaxel for the treatment of metastatic adenocarcinoma of the pancreas as first-line treatment, in combination with gemcitabine. Please refer to the enclosed prescribing information for the FDA-approved indications as well as safety information.

**Rationale for Suggested Change:**
Results of a post-hoc analysis of the Phase III MPACT were recently published.¹ Overall survival (OS) was reported from an updated data cutoff as of May 9, 2013. In the intent-to-treat population, the updated median OS in the albumin-bound paclitaxel plus gemcitabine arm was 8.7 months (95% CI 7.89-9.69) compared to 6.6 months (95% CI 6.01-7.2) in the gemcitabine arm; HR=.72 (95% CI .62-.83), *P*<.0001. No new safety signals were observed for either arm at the time of this analysis.

Consistent with the results for the overall population, a significant overall survival benefit favoring albumin-bound paclitaxel plus gemcitabine compared to gemcitabine alone was observed in subgroups based on performance status (of pertinence, KPS 70-80 median overall survival 7.6 months vs. 4.3 months, respectively, HR=.59; *P*<.001). Consistent with the breadth of data considered in patients with poor performance status, there were 30 patients with a KPS score of 70 in the nab-paclitaxel plus
gemcitabine arm in the MPACT. Additionally, albumin-bound paclitaxel plus gemcitabine at various doses and schedules was well tolerated in 24 advanced or metastatic pancreatic cancer patients that had an ECOG PS of 2.³ A KPS categorization of 60-70 can be converted to an ECOG PS of 2.⁴

Your consideration of this submission is greatly appreciated.

Sincerely,

Kim Lee, Pharm.D.
Associate Director, Global Medical Information Solid Tumor Lead

Victoria Manax, MD
Exec Director, US Medical Affairs Disease Lead – Pancreatic

Cited References:


