

# Oral Chemotherapy Xeloda Shown to Extend Survival for Patients with Pancreatic Cancer

Data show significant survival benefit  
in fighting aggressive cancer.

NOVEMBER 2, 2005—NUTLEY, N.J. The interim analysis of one of the largest phase III studies investigating the first-line treatment of advanced pancreatic cancer revealed that adding the oral chemotherapy pill Xeloda® (capecitabine) to standard chemotherapy (gemcitabine) in the trial significantly extended patient survival. The study showed that after a year, one patient out of every four was still alive when treated with Xeloda plus standard chemotherapy, compared to one in five taking standard chemotherapy alone. These findings were unveiled today at the European Cancer Conference (ECCO) in Paris.

The American Cancer Society estimates that more than 32,000 Americans will be diagnosed with cancer of the pancreas during 2005. The 5-year relative survival rate for the disease is only 4% and few effective treatment options exist for the disease.

"These data show there are new possibilities for pancreatic cancer patients who, in general, have a short life expectancy once diagnosed," said Julie Fleshman, JD, MBA, President & CEO of Pancreatic Cancer Action Network (PanCAN). "Because pancreatic cancer is one of the most aggressive forms of cancers, it is even more critical to discover and offer these patients more treatment options."

## About the Study

This randomized study, designed by Cancer Research UK and funded in part by Roche, compared the survival of patients on a combination of gemcitabine and Xeloda with

the survival of patients on gemcitabine monotherapy. Patients (n=533) were previously untreated and had locally advanced or metastatic pancreatic cancer. Patients receiving the combination therapy of gemcitabine and capecitabine lived significantly longer than those with standard therapy alone (median survival 7.4 vs. 6 months, HR= 0.80). A higher percentage of patients were alive at 12 months in the group treated with Xeloda plus gemcitabine, compared to those treated with gemcitabine alone (26% v 19%). The most common Grade 3-4 adverse events (equal to or greater than two percent) in the gemcitabine-capecitabine (GEM-CAP) combination arm of the study include neutropenia, increased white blood cell count, platelets, fatigue and hand/foot syndrome. The most common adverse events in the GEM arm alone included increased white blood cell count, neutropenia, platelets, hemoglobin, fatigue and nausea and vomiting.

"Some of my patients with advanced, inoperable pancreatic cancer are seeing improvement in their tumor size by adding Xeloda to their traditional chemotherapy," said lead investigator, Professor David Cunningham, Royal Marsden Hospital, London. "This is the first time that adding another cytotoxic drug to gemcitabine has improved the outcome for patients with inoperable pancreatic cancer and the trial results are, therefore, an important milestone."

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