STUDY DESIGN: KOREAN MULTI-CENTER ANALYSIS[1]

Study objective[1]: a real-world study to demonstrate the feasibility and effectiveness of nal-IRI+5-FU/LV therapy in mPAC patients who have progressed following gemcitabine-based therapy[1]

Design[1]

A retrospective, multi-center, open-label, noncomparative observational study

nal-IRI+5-FU/LV
(80 mg/m² + 2400/400 mg/m² every 2 weeks)*

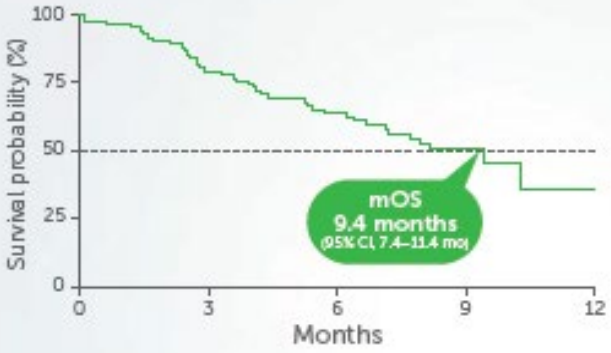
End points: ORR, DCR, PFS, OS, AE

Total patient population

86 patients
with mPAC from 10 Korean institutions

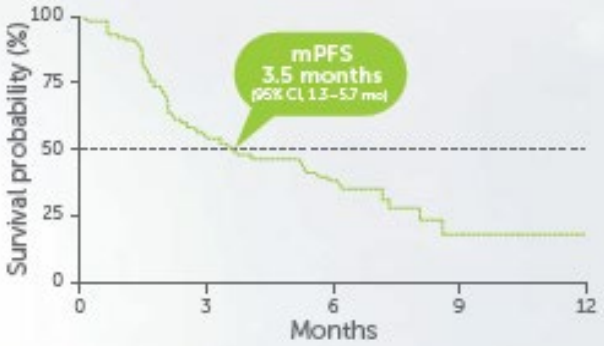
ONIVYDE+5-FU/LV: CONSISTENT RESULTS CONFIRMED IN CLINICAL PRACTICE[1]

Overall survival with nal-IRI+5-FU/LV[1]



ONIVYDE+5-FU/LV provided a **mOS benefit of 9.4 months**** in daily clinical practice (vs 6.1 months in NAPOLI-1)[1,2]

Progression-free survival with nal-IRI+5-FU/LV[1]



ONIVYDE+5-FU/LV provided patients with **a mPFS of 3.5 months**** in daily clinical practice (vs 3.1 months in NAPOLI-1)[1,2]

The safety profile of **ONIVYDE+5-FU/LV** reported in this real-world study was consistent with the results of the NAPOLI-1 trial and its associated Asian subgroup analysis[1]

2L, second line; 5-FU, 5-fluorouracil; AE, adverse event; DCR, disease control rate; LV, leucovorin; mPAC, metastatic pancreatic cancer; mo, months; mOS, median overall survival; mPFS, median progression-free survival; ORR, objective response rate; OS, overall survival; PFS, progression-free survival. *The dose of 80 mg/m² hydrochloride trihydrate is equivalent to the dose of 70 mg/m² anhydrous free-base. The strength and dose of ONIVYDE are now expressed as equivalent to irinotecan anhydrous free-base (4.3 mg/mL) with a recommended starting dose of 70 mg/m².**At a median follow-up of 6.4 months.REFS: 1. Yoo C et al. Ther Adv Med Oncol. 2019;11:1–9. 2. Wang-Gillam A et al. Lancet.

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