

Active substances set

Search phrase: Malignant pancreatic cancer

Below you will find a list of active substances registered by the European Medical Agency (EMA) in the last 15 years, recommended by the European Society of Clinical Oncology (ESMO) and their reimbursement status in the country.

Malignant pancreatic cancer

Irinotecan hydrochloride trihydrate

Irinotecan hydrochloride trihydrate is indicated: - in combination with oxaliplatin, 5-fluorouracil (5-FU) and leucovorin (LV) for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas, - in combination with 5-FU and LV for the treatment of metastatic adenocarcinoma of the pancreas in adult patients who have progressed following gemcitabine based therapy.

 **NO REIMBURSEMENT**
 **ESMO**

Nab-paclitaxel

Nab-Paclitaxel in combination with gemcitabine is indicated for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas.

 **REIMBURSEMENT WITH RESTRICTIONS**
 **ESMO**

Larotrectinib

Larotrectinib as monotherapy is indicated for the treatment of adult and paediatric patients with solid tumours that display a Neurotrophic Tyrosine Receptor Kinase (NTRK) gene fusion, - who have a disease that is locally advanced, metastatic or where surgical resection is likely to result in severe morbidity, and - who have no satisfactory treatment options.

 **FULL REIMBURSEMENT**
 **ESMO**

Olaparib

Olaparib is indicated as monotherapy for the maintenance treatment of adult patients with germline BRCA1/2-mutations who have metastatic adenocarcinoma of the pancreas and have not progressed after a minimum of 16 weeks of platinum treatment within a first-line chemotherapy regimen.

 **FULL REIMBURSEMENT**
 **ESMO**

Entrectinib

Entrectinib as monotherapy is indicated for the treatment of adult and paediatric patients 12 years of age and older with solid tumours expressing a neurotrophic tyrosine receptor kinase (NTRK) gene fusion, - who have a disease that is locally advanced, metastatic or where surgical resection is likely to result in severe morbidity, and - who have not received a prior NTRK inhibitor - who have no satisfactory treatment options.



**FULL
REIMBURSEMENT**



ESMO