Pancreatic Ductal Adenocarcinoma (PDAC) patients with germlineBRCA1-2 pathogenic variants (gBRCA1-2pv) is emerging as a distinct entity, benefiting from specific treatments (platinum agents, PARP-inhibitors). Information on second-line therapy (2LT) outcome in this setting is lacking.

**METHODS**

Clinical data of stage IV PDAC patients (pts) carrying gBRCA1-2pv receiving a 2LT were retrospectively collected from 23 Italian Centers and descriptively analyzed, focusing on RECIST response and survival outcome. Progression-free and Overall survival2 (PFS2 and OS2) were calculated from 2LT start to 2nd progression or death, respectively.

**RESULTS**

- 49 out of 63 pts treated with first-line therapy (1LT) between December 2008 and July 2020 had Progressive Disease (PD) at time of database lock. 42 (86%) pts started a 2LT, whose outcome was assessable in 40 pts (2 had immature follow-up). 3/4 (12%) pts previously treated with platinum versus 4/25 (16%) pts treated with platinum-free 1LT did not receive subsequent therapies.
- 32/40 (80%) pts had liver metastases, median age was 62 (39-84) years.
- RECIST responses of the 19 and 18 pts receiving platinum- and non-platinum-based multidrug 2LT were 47% vs 28% partial responses, 21% vs 33% stable diseases and 32% vs 39% PD, respectively.
- Outcome of second-line therapy (mPFS2, mOS2), median PFS for 1LT (mPFS1) and total median OS (mOSTot) are shown in Table 1.

**CONCLUSIONS**

- Keeping in mind the small sample size of our series, gBRCA1pv and > 65 yrs pts yielded limited benefits from 2LT.
- Platinum-based 2LT obtained longer PFS2 and OS2 as opposed to platinum-free 2LT. Pts with PFS1 ≤ 6 months had longer PFS2 and OS2, but shorter OS1t if compared to pts with PFS1 > 6 months.
- Overall, 2L data confirm that platinum is the backbone of treatment for gBRCA1-2pv stage IV PDAC pts, but earlier use should be preferred.

Giulia Orsi has no conflicts of interest to declare.

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