5051 POSTER

Follow-up of breast cancer patients – the meaning of cardiovascular disorders

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Backgrounds: There is evidence that comorbidity and polypharmacy is common among patients with breast cancer. The aims of this work are to study comorbidity profile, incidence of polypharmacy, drug interactions among outpatients with breast cancer in Belarus on example of Grodno.
Methods: Stories of breast cancer patients with from Grodno outpatient hospital #1 were manually reviewed. All breast cancer patients who had their disease diagnosed from 2000 till 2008 and were alive at the end of 2008 were included. 79 patients' stories were analyzed. Diagnosis and pharmacological treatment was investigated.
Results: Median follow-up time was 2 years. 62 (78%) of patients had comorbidyty. 45 (57% among all) had cardiovascular diseases. The most common prescribed drug was tamoxifen. The most common combination was tamoxifen plus enalapril. Tamoxifen was often prescribed with either metoprolol, or glibenclamide also.
Conclusion: This study confirms the evidence that the most common comorbidities among breast cancer patients are cardiovascular diseases. Seems like nowadays cardiology and oncology should work together more closely. Clinical trials need to be performed to find out optimal combination therapy for breast cancer patients with cardiovascular disorders. In the reality many breast cancer patients (more than a half as shown in this study) do have cardiovascular disorders. We have to treat the persons not the diseases.

5052 POSTER

An open-label, single arm study of lapatinib and capecitabine in Chinese women with advanced or metastatic breast cancer (MBC)

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Background: Lapatinib (L) is an oral tyrosine kinase inhibitor targeting ErbB-1 and ErbB-2 receptor pathways. L plus capecitabine (C) has demonstrated efficacy in women with ErbB2+ MBC previously treated with trastuzumab (T). The purpose of this study was to evaluate the efficacy and safety of L+C in Chinese women with ErbB2+ MBC.
Methods: This open-label, single-arm study included patients (pts) with ErbB2+, locally advanced or MBC progressing after treatments including anthracycline, taxane, or T (<40% T naïve pts allowed to be enrolled due to limited access to T in China). Pts received L 1250 mg once daily plus C 1000 mg/m^2/d BID on days 1−14 every 21 days until progression. The primary endpoint was clinical benefit rate (CBR: CR+PR+SD?24 wk) per RECIST; secondary endpoints included progression-free survival (PFS), brain as the site of first progression, and toxicity.
Results: The study enrolled 52 pts (median age 50 y range 26−71 y); 51 pts had stage IV and 1 had stage III. The median number of prior MBC therapies was 2; 63.5% of pts received prior T. The CBR was 57.7% (PR 44% and SD 44%) and median PFS was 6.3 mo. Two pts (4%) had brain metastasis as the first site of progression. The most common adverse events in all pts included G1/2 Palmar-Plantar erythrodysaesthesia (PPE) 60%; G1/2 diarrhea 46%; G1/2 rash 44%, G3 4%; G1/2 hyperbilirubinaemia 31%, G3 4%; G1/2 fatigue 29%, G3 2%; G1/2 nausea 19%; G1/2 neutropenia 8%, G3 2%, G4 4%. No patients experienced G3/4 PPE or diarrhea and no cases of cardiotoxicity or interstitial pneumonia were reported.
Conclusions: This is the first study to demonstrate L+C is well tolerated and efficacious in ErbB2+ MBC in Chinese women. EGF109491 was supported by GlaxoSmithKline. Clinicaltrials.gov identifier NCT00508274.

5053 POSTER

Platinum-based chemotherapy in triple-negative metastatic breast cancer: results of the Institut Curie experience

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Background: Although recent experimental data strongly suggest that platinum-based chemotherapy (CT) could improve triple-negative breast cancer (TNBC) outcome, clinical data are missing in this specific subgroup of patients. In the present study, we reviewed clinical outcome in patients with metastatic TNBC treated with platinum-based CT.
Patients and Methods: We conducted a retrospective analysis of the patients treated between 2000 and 2006 at Institut Curie, Paris, France. 124 female patients, with metastatic breast cancer who received platinum-based CT, were eligible for this study. 71 (56.8%) of them had TNBC. 85 patients (68%) received platinum based chemotherapy after more than one line of CT (median 2, from 0 to 6). Median age was 49 year (range from 29 to 76), median number of delivered CT-cycles was 4.2 (1−9). 115 of 124 patients received cisplatin (CDDP), the other received carboplatin. The main combination used was CDDP-ifosfamide N = 93 (75%). We analysed overall response rate (OR), overall survival OS, PFS, prognosis factors for OS, and safety, for TNBC versus non-TNBC.
Results: Median follow-up was 49 months. For the whole population (124 patients), median OS and median PFS were 10.3 months and 4 months respectively. OR was 46.5% (CI95: 37.8 to 55.2%) in the TNBC group, versus 29.6% (CI95: 21.7 to 37.5%) for the others, $p = 0.05$. Median response duration was 8 versus 7 months (NS). Median OS and median PFS were statistically improved in the patients responding to CT: 22.5 months versus 7.5 months, $p < 0.001$ and 10 months versus 2.3 months, $p < 0.001$ respectively. So far, we did not observe difference for OS, PFS and response duration between TNBC and others. Other prognostic factors for worse OS were visceral metastasis sites ($p < 0.001$), and more than one line of CT for metastatic disease. One patient died from sepsis during aplasia, one other developed CDDP-related severe renal failure (grade 3). Nine patients had to switch from CDDP to carboplatinum because of renal insufficiency.
Conclusion: In this series, a platinum-based CT increased response rate in metastatic patients with TNBC compared to patients with other subtypes, but did not translate into a significant improvement for PFS and OS. Tolerance was acceptable. Longer observations and further analysis are warranted. Prognosis of metastatic TNBC remains poor and new targeted therapies are needed.

5054 POSTER

Safety and efficacy of the combination of trastuzumab plus capecitabine and docetaxel as first-line therapy for metastatic breast cancer: phase II results

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Background: In human epidermal growth factor 2 (HER-2)-positive advanced breast cancer, taxanes plus trastuzumab are among the most widely applied options in the first-line setting. The addition of capecitabine to docetaxel significantly improves overall survival in anthracycline-pretreated metastatic breast cancer. We evaluated the efficacy and tolerability of trastuzumab plus capecitabine and docetaxel regimen as first-line therapy.
Materials and Methods: Patients who had received adjuvant anthracyclines received docetaxel 75 mg/m^2 day 1 and capecitabine 950 mg/m^2 twice daily, days 1−14, every 3 weeks until disease progression or unacceptable toxicity. Trastuzumab was administered at a dose of 6 mg/kg every 3 weeks. Time to progression (TTP) was defined as primary end point.
Results: Twenty nine patients were evaluable (median age 52 years, range 34−70). The regimen achieved objective responses in 12 patients (41%), including complete response in three patients (10%) and partial response in nine patients (31%). The median overall survival time was 25.5 months, and the median progression-free survival time was 7.8 months. The safety profile of the combination was favorable and predictable, with a low incidence of grade 3/4 adverse events. The most common adverse events were hand-foot syndrome, and GI toxicities. Severe myelosuppression was rare and cardiac toxicity did not occur.
Conclusion: These data confirm that the combination of trastuzumab plus capecitabine and docetaxel is highly active in patients with HER-2-overexpressing anthracycline-pretreated breast cancer, and is well tolerated.