A Randomized Trial Comparing Preoperative (preop) Doxorubicin/Cyclophosphamide (AC) to Preop AC Followed by Preop Docetaxel (T) and to Preop AC Followed by Postoperative (postop) T

In patients (pts) with operable carcinoma of the breast

Bear HD, Anderson S, Smith RE, Robidoux A, Kahlenberg MS, Margolese RG, Dakhil SR, Pajon ER, Hoehn JL, Mamounas EP, Geyer CE, Julian TB, Wolmark N. National Surgical Adjuvant Breast and Bowel Project (NSABP), Pittsburgh, PA

Results of NSABP B-27

Purpose: NSABP Protocol B-27 was designed to determine the effect of adding docetaxel (Taxotere [T]) after 4 cycles of preop doxorubicin (Adriamycin) and cyclophosphamide (AC) on clinical and pathological response rates and on overall and disease-free survival of women with operable breast cancer.

Patients and Methods: Women (N=2,411) with operable primary breast cancer were randomized to receive either 4 cycles of preop AC followed by surgery (Group I) or 4 cycles of preop AC followed by 4 cycles of preop T, followed by surgery (Group II), or 4 cycles of preop AC followed by surgery and then 4 cycles of postop T (Group III).

Results: Mean tumor size (4.5 cm) and other key characteristics were evenly balanced among the three treatment arms. It was reported previously that the addition of preop T increased clinical complete responses (CR) by more than 50%, and pathologic CR were nearly doubled. Enough events have now occurred to trigger analysis of disease-free and overall survival for this trial. The resulting effects on OS and DFS from adding T to 4 cycles of preop AC will be reported. OA

Disease-free Survival Improvement with Chemoendocrine Therapy

In postmenopausal, Node-positive, Estrogen Receptor-positive, Operable Breast Cancer Patients

Namer M, Fargeot P, Roche H, Fumoleau P, Kerbrat P, Luporsi E, Monnier A, Bonneterre J, Chapelle-Marcillac I.. Centre Antoine Lacassagne, Nice, France; Centre Georges-Francois Leclerc, Dijon, France; Institut Claudius Regaud, Toulouse, France; Centre Eugene Marquis, Rennes, France; Centre Alexis Vautrin, Nancy, France; Centre Hospitalier Andre Boulloche, Montbeliard, France; Centre Oscar Lambret, Lille, France; Chatenay-Malabry, France

Results of pooled analysis from French Adjuvant Study Group trials 02 and 07

Purpose: To compare disease-free (DFS) and overall survival (OS) between TAM (tamoxifen 30 mg/day, 3 years) alone or combined with FEC50 (fluorouracil 500 mg/m, epirubicin 50 mg/m, cyclophosphamide 500 mg/m, 6 cycles every 21 days) adjuvant chemotherapy in postmenopausal (50 to 65 years), intermediate risk, breast cancer (BC) patients (pts).

Methods: FASG-02 trial randomized 776 postmenopausal, node-positive pts between TAM, FEC50, FEC50 combined with TAM (FEC50-TAM), and no systemic treatment. FASG-07 trial randomized 335 postmenopausal, node-positive (N1-3), and estrogen receptor-positive (ER+) pts between TAM and FEC50-TAM. The present analysis involved 457, N1-3, ER+ assessable pts who received either FEC50-TAM (n = 224), or TAM (n = 233). When combined, TAM was started concurrently with FEC50. Radiotherapy was delivered in all pts. The median follow-up was 113 months. DFS and OS rates were computed in univariate (Kaplan-Meier, log-rank test) and multivariate (Cox regression) analysis. P-values were adjusted for study.

Results: All baseline characteristics were well-balanced between treatment arms. The 9-year DFS rates were 83.5% in FEC50-TAM arm, and 72.2% in TAM arm (p-adjusted = .008). The decrease in relative risk (RR) of relapse was 42%. Local relapse occurred significantly less frequently with FEC50-TAM: the 9-year local-DFS rates were 97.7% vs 93.9% (p-adjusted = .03). The multivariate analysis shows that significant prognostic factor of relapse is a pathological tumor size > 2 cm (p-adjusted = .002). In this model, treatment effect remains significantly in favor of FEC50-TAM therapy (p-adjusted = .0008, hazard ratio [HR] = 0.46). Fatal events were unfrequent : deaths occurred in 33 pts (14.7%) in FEC50-TAM arm, and 47 pts (20.2%) in TAM arm. The 9-year OS rates were 85.8% and 77.5%, respectively (p-adjusted = .11). In the multivariate model, there is a trend in favor of FEC50-TAM therapy (p-adjusted = .07, HR = 0.65).

Conclusion: The addition of FEC50 adjuvant chemotherapy to TAM significantly improves long-term DFS in N1-3, ER positive, postmenopausal women. In spite of a low number of fatal events, chemoendocrine therapy seems to be more effective than hormonotherapy alone in terms of long-term survival. OA