

Mature Results from a Randomized Phase III Trial

Of docetaxel/capecitabine (TX) vs. doxorubicin/cyclophosphamide (AC) as primary chemotherapy for patients (pts) with stage II/III breast cancer (BC)

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Background:

Use of T in the preoperative setting increases clinical and pathologic response. The oral fluoropyrimidine X (Xeloda) is effective and well tolerated as single-agent therapy in pts with metastatic BC and adding X to T improves survival, TTP and response rates vs. T alone. We compared the efficacy and safety of TX vs. AC as primary chemotherapy for stage II/III BC.

Materials and Methods:

Eligible pts had positive axillary lymph nodes by PET or ultrasound-guided fine-needle aspiration (FNA), adequate organ and hematological profiles and good PS (ECOG 0/1). No prior hormonal, chemotherapy, radiotherapy or surgery was permitted. Pts were stratified according to age (≤ 50 years vs. >50 years), ER status (+ve vs. ve), and stage (II vs. III). They were randomized to preoperative TX (T 75 mg/m² i.v. d1 + X 1000 mg/m² twice daily d1-14) or AC (A 60 mg/m² i.v. d1 + C 600 mg/m² i.v. d1), q3 wks x4. Following surgery, pts crossed over to receive the other treatment with further radiotherapy \pm tamoxifen as required. Assessment for clinical response was by ultrasound at baseline and after the 2nd and 4th cycles.

Results:

209 pts were enrolled between Aug02 and Apr05. Age, ECOG PS, stage, and hormone receptor status were balanced in each arm. 191 pts (96 on TX; 95 on AC) had undergone surgery by Apr 05 and 18 pts are still receiving preoperative chemotherapy. Safety is currently evaluable in the 202 pts who have completed at least 2 cycles of preoperative chemotherapy. Compared with



AC, TX led to increased clinical response rate (93% vs. 79%, $p=0.0058$), and pathological complete response (pCR) in primary tumors (23% vs. 8%, $p=0.0059$) and lymph nodes (33% vs. 22%, $p=0.08$). pCRs in primary tumors were observed regardless of stage, ER/PR and HER2 status. Significantly more lymph node pCRs were seen in ER/PRve pts in the AC group. More pts on TX benefited from primary tumor shrinkage (52% vs. 47%) and lymph node shrinkage (100% vs. 50%). A higher breast-conservation rate ($p=0.0001$) was possible in pts with stage II disease (90% on TX vs. 78% on AC) compared with stage III (32% on TX vs. 40% on AC). TX caused less nausea and vomiting but more myalgia, skin and nail toxicities than AC. The most common grade

3/4 adverse events (TX vs. AC) were neutropenia (72% vs. 85%), vomiting (5% vs. 25%), hand-foot syndrome (22% vs. 0%), stomatitis (10% vs. 0%) and desquamation (5% vs. 0%).

Discussion:

In stage II/III BC, TX significantly increased clinical and pathological response compared with AC. TX and AC resulted in high breast-conservation rates in pts with stage II disease. A non-anthracycline-based regimen consisting of TX proved effective as primary therapy in early stage breast cancer. QoL data using the EORTC QLQ-BR23/C30 questionnaire will be presented at the meeting. *Supported by NCC grant-0210150, Sanofi-Aventis and Roche Korea.*