exposed to A. The low toxicity of the FuFolNav regimen allowed safe administration in the outpatient setting.

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Bisphosphonates in metastatic breast cancer

V. Valentin[1], M. Murillo[2], M. Valentin[1], A. Mañas[2], J. Hornedo[1], E. Lanzos[2]. [1]*University Hospital "12 de Octubre", Medical Oncology, Madrid, Spain;* [2]*University Hospital "12 de Octubre", Radiation Oncology, Madrid, Spain*

Background: The use of bisphosphonates is an essential in the treatment of patients with osteolytic bone metastasis of breast cancer. The guidelines of the American Society of Clinical Oncology recommends the administration of bisphosphonates each 3–4 weeks continuously until impairment in the performance status.

We analyze the therapeutic results and adverse effects of bisphosphonates in breast cancer patients with bone metastases.

Material and Methods: from October 1997 until February 2002 we studied 178 patients treated with Pamidronate 90 mg IV given in 60 minutes each 3–4 weeks. After that date, we administered Zoledronic Acid 4 mg IV in 15 minutes, to all the patients, but this is not the endpoint on this report. We analyzed the age, metastatic location, number of administrations, adverse effects and the number of skeletal complications along the time that the drug was given. All the patients received concurrently chemotherapy, hormonal therapy and/or radiotherapy if it was needed. Bisphosphonates were given until it was an important decreased in performance status.

Results: All the patients were diagnosed of breast cancer with bone metastases. The median age was 55.6 years old (range 29–81). A total of 17.4% of patients had only one metastatic lesion. The average of administered cycles were 10 (range 3–62), and the average accumulated dose was 900 mg (270–5580 mg). A 48.3% (86) of the patients received treatment continuously at least for 2 years. We analyzed the calcium and creatinine serum levels. A total of 2.5% of the patients developed an analytic hypocaliemia (Ca<8 mg/dl) without symptoms. We had no events of renal failure or creatinine levels >2 mg/dl. The percentage of skeletal-related events is 20.8% and a total of 33.1% need radiotherapy treatment simultaneously. Pain, evaluated by a visual analogic scale (VAS) is decreased in these patients but there are many factors that contribute to these results. Breakthrough pain was reported only in 12% of the patients with a level of VAS superior to 5. A total of 6.18% (11) related an increase of pain after the first cycle of bisphosphonates and a total of 14.6% (26) referred an acute phase reaction of bone pain fever arthralgias and myalgias.

Conclusion: Bisphosphonates improve the intensity of pain in patients with breast cancer and bone metastases, and decrease the episodes of breakthrough pain. The adverse effects are presented in a small proportion and are slight and transitory. In our series we have no events of renal failure. The skeletal-related events are small when compared with historical controls. It can be administered simultaneously with chemotherapy hormonal therapy and radiotherapy without relevant clinical problems.

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Results of a phase II study of liposomal doxorubicin (Myocet®) in combination with weekly paclitaxel and trastuzumab (Herceptin®) in patients with HER2-positive locally advanced or metastatic breast cancer (LA/MBC)

J. Baselga[1], M.A. Climent[2], A. Lluch[3], J. Hornedo[4], P. Gascon[5], A.T. Sanchez[6], V. Guillem[2], H. Cortés-Funes[2], P. Regueiro[7], J. Trigo[1]. [1]*Vall d'Hebron Hospital, Barcelona, Spain;* [2]*Instituto Valenciano de Oncologia, Valencia, Spain;* [3]*Hospital Clinico de Valencia, Valencia, Spain;* [4]*Hospital 12 de Octubre, Madrid, Spain;* [5]*Hospital Clinico de Barcelona, Barcelona, Spain;* [6]*Hospital Clinico Universitario de Zaragoza, Zaragoza, Spain;* [7]*Roche Farma S.A., Madrid, Spain*

Background: The pivotal trial (H0648g) in patients with HER2-positive MBC demonstrated that first-line trastuzumab (Herceptin®) plus doxorubicin was efficacious, but associated with an increased risk of cardiotoxicity compared with doxorubicin alone. Myocet®, a liposome-encapsulated form of doxorubicin, is as effective as doxorubicin in MBC, but is associated with less cardiac toxicity. Following promising results from a phase I dose-finding study (n=21), in which the combination of Myocet®, Herceptin® and paclitaxel produced a high response rate with very low cardiac toxicity, this combination was investigated further in this phase II study.

Materials and methods: Patients with HER2-positive (IHC 3+/FISH+) LA/MBC (previously untreated) were eligible for this study. Treatment consisted of Myocet® 50 mg/m^2 every 3 weeks $\times$6, weekly paclitaxel 80 mg/m^2 and Herceptin® 2 mg/kg, given for 52 weeks for LA and until disease progression for MBC. Cardiac function was assessed every 3 weeks and tumour response every 6 weeks during therapy. The primary endpoint was response rate.

Results: A total of 54 patients were included; 30 patients had LA and 24 MBC. Of these, 52 patients have been evaluated for response (29 with LA and 23 with MBC). The ORR is 92.3% (CR 25, PR 23), a further 4 patients had stable disease. The response rate in patients with LA was 93.1% (CR 20, PR 7) and in patients with MBC 91.3% (CR 5, PR 16). Neutropenia was the most common grade 3–4 event, with 12 episodes of febrile neutropenia. Other toxicities included alopecia, nausea, vomiting, hand–foot syndrome and ungueal toxicity. Three patients had decreases in LVEF to below 50%, with no cases of symptomatic heart failure.

Conclusions: In women with HER2-positive LA/MBC, the combination of Myocet® with paclitaxel and Herceptin® is highly active and well tolerated, with no unexpected toxicity.

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Renal safety of ibandronate in patients with bone metastases from breast cancer: phase III trial results

R. Bell[1], I.J. Diel[2], J. Body[3], B. Bergström[4]. [1]*The Andrew Love Cancer Centre, Cancer Services Medical Oncology, Victoria, Australia;* [2]*CGG-Klinik GmbH, Mannheim, Germany;* [3]*Université Libre de Bruxelles, Inst. J. Bordet, Brussels, Belgium;* [4]*Hoffmann-LaRoche Inc., New Jersey, USA*

Background: Increasing awareness of the nephrotoxic potential of certain intravenous bisphosphonates that are used to manage metastatic bone disease has led to recent publications [1–4] and modification of the prescribing information. Patient management would be simplified by availability of a bisphosphonate that does not have significant renal safety issues. Ibandronate is a highly-potent aminobisphosphonate that has recently been approved for the prevention of skeletal events in patients with breast cancer and bone metastases. In this context, the renal safety of ibandronate given intravenously and orally has been examined in multicenter, randomized, double-blind phase III trials over 96 weeks of treatment, supporting a difference versus other intravenous aminobisophosphonates.

Methods: In a trial of intravenous ibandronate, patients were randomized to a 6 mg dose (n=154) or placebo (n=158) infused over 1–2 hours every 3–4 weeks. In two oral studies (data pooled), patients received ibandronate 50 mg (n=287) or placebo (n=277) once daily. Renal adverse events (AEs) and serum creatinine levels were monitored throughout the study period.

Results: The percentage of patients with renal AEs or increased creatinine levels was low and similar between the intravenous ibandronate 6 mg and placebo groups (4.0% versus 4.5%; 2.6% versus 1.3%, respectively). None of the renal AEs with intravenous ibandronate were graded serious, or led to withdrawal from treatment. The incidence of renal AEs with oral ibandronate 50 mg was also comparable to placebo (5.2% versus 4.7%). Elevated serum creatinine levels were observed in 1.4% of patients in the oral ibandronate group and 2.2% of patients in the placebo group.

Conclusions: Intravenous and oral ibandronate have renal safety profiles that are comparable to placebo in patients with metastatic bone disease from breast cancer. As stated in the product labelling, ibandronate may be used in patients with existing renal function impairment and patients taking nephrotoxic medications; and serum creatinine monitoring is at the clinician's discretion (not required prior to each dose).

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Fulvestrant in postmenopausal women with metastatic breast cancer progressing on prior endocrine therapy – results from an expanded access programme

L. Petruzelka, M. Zimovjanova. *1st Medical Faculty, Charles University, Department of Oncology, Prague, Czech Republic*

Background: Fulvestrant ('Faslodex') is an estrogen receptor (ER) antagonist with no agonist effects. Fulvestrant downregulates the ER, which leads to reduced cellular levels of progesterone receptor (PgR). This abstract reports the results of an expanded access programme (supported by AstraZeneca) in which postmenopausal women with metastatic breast cancer whose disease had progressed on prior endocrine therapy were treated with fulvestrant 250 mg.

Methods: Fulvestrant 250 mg was given as a single 5 mL intramuscular injection, once every 28 days until disease progression or