index, we performed a clinical pilot trial to evaluate the efficacy and safety of weekly or 3-week docetaxel in combination with capecitabine given for 14 days every 21 days.
Patients and methods: Patients with at least one measurable lesion were randomized to receive the treatment arms: docetaxel 75 mg/m^2 on days 1, oral capecitabine 950 mg/m^2 twice daily on days 1–14 (Arm A); docetaxel 37.5 mg/m^2 on days 1 and 8, oral capecitabine 950 mg/m^2 twice daily on days 1–14 (arm B). Each cycle was repeated every 3 weeks. Patients remained on study for a maximum 6 cycles or until tumor progression or unacceptable toxicity occurred, response assessments were scheduled every two cycles.
Results: 64 pts were enrolled, 62 eligible for safety and tumor assessment. Key baseline variables were well balanced. Dominant site of disease was visceral in 66.1%; 24.2% had $\geqslant 3$ organ sites of disease; all patients had previously received anthracyclines, 24.2% for MBC. 43. 6% were ER negative and 46.8% were HER-2 overexpress. The overall clinical response rate of all groups was 59.7% (37/62). There was no progressive disease (PD) after two cycles. Efficacy outcomes were similar in the two arms. The response rate of group A and B were 60%(18/30) and 59.4%(19/32) respectively. There were no drug-related deaths observed. Neutropenia was the most common toxicity. In all, the frequence of Grade 3/4 neutropenia were similar in two arm, but Grade 4 neutropenia of Group A 66.7% (20/30) was higher than Group B 34.4%(11/32), $P = 0.021$.
Conclusion: The study confirmed the superior activity of docetaxe-capecitabine combination therapy in anthracycline resistant MBC, and comparing with 3-week schedule, weekly docetaxel plus capecitabine has same high efficacy with a favourable safety profile.

439 PUBLICATION

Predictive value of HER-2 status in advanced breast cancer for the response to CMF chemotherapy

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Background: HER2 positive breast carcinomas are thought to be more aggressive than HER2 negative once. However, the potential role of HER-2 expression in the prediction of response of to chemotherapy is not yet well established, especially in metastatic breast cancer (MBC) patients. Therefore, the response rate to CMF chemotherapy was assessed in the group of MBC patients, screened for the randomization into the clinical study of CMF chemotherapy combined with a biological agent.
Material and methods: HER2 status was determined, using immuni-histochemical method, in paraffin embedded tissue of 99 primaries. In a whole group, 33% were HER 3+. Excluding those pts who entered the clinical study, remaining 39 were treated with CMF chemotherapy alone, irrespective of HER2 status. In this group, pts were almost all postmenopausal, due to previous adjuvant therapy, aged 31–74 (median 54) and had the liver and/or lung involvement in 30/37 cases. ER and/or PR status was positive in 28/39 pts, and inversely correlated with HER-2 status.
Results: The overall response rate to CMF was 54%, including 2 (5%) complete remissions. Disease stabilization longer than 6 months was noted in 5 (13%) pts, thus clinical benefit (CB) rate was 67%. The response was not influenced by steroid receptor status, but was significantly influenced by HER2 status: objective response was obtained in 18/26 (69%) HER-2 0–2+, and in only 3/13 (23%) HER-2 3+ tumors. CB was obtained in 20/26 (76%) HER-2 0–2+, and in 6/7 (46%) HER-2 3+ tumors, respectively.
Conclusion: Our results confirmed the lower response rate to CMF chemotherapy in HER-2 positive MBC patients, in comparison to HER-2 negative ones. However, it is shown that CMF regimen is still active in selected HER-2 positive BC patients. It seems reasonable to investigate whether the addition of HER-2 inhibitors probably could enhance its efficacy.

440 PUBLICATION

Capecitabine (x) in elderly patients with metastatic breast cancer

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Background: Capecitabine is a selective tumour-activated fluoropyrimidine with a demonstrated activity in a wide range of solid tumours. The benefits of oral chemotherapy has changed the daily routine of cancer patients and let them to maintain their normal way of life. The objective of this study is to evaluate the toxicity profile, response rate, overall survival and time to progression in elderly patients with mestastatic breast cancer.
Patients and Methods: Patients histologically confirmed of breast adeno-carcinoma, metastatic disease, measurable disease according to RECIST criteria, ECOG PS $\leqslant 2$, age $\geqslant 70$ years, adequate bone marrow, renal and hepatic function were included. Prior chemotherapy, hormonotherapy or radiotherapy for the metastatic disease was allowed. Patients received X monotherapy 1250 mg/m^2 b.i.d. (X = 950 mg/m^2 in patients with creatinine clearance 30–50 ml/min), days 1–14 every 3 weeks for a maximum of 9 cycles.
Results: Twenty three patients were enrolled since July 2002 until June 2004. Median age was 77 years old; ECOG PS 0 in 33.3% and 1 in 66.7% of patients; Tumour histology was adenocarcinoma in all patients. Surgery was performed in all patients. Adjuvant chemotherapy and hormonotherapy was administered in 65% and 74% of patients, respectively. Primary tumour sites were left breast (n = 13), right breast (n = 9) and both (n = 1). Median number of metastatic lesions was 3 (90% with $\geqslant 2$ sites) in bone (57%), lung (43%), liver (43%) and nodes (38%), mainly. A total of 117 cycles (median 4, range 1–9) were administered. Median relative dose intensity was 86% and 100% for X = 1250 mg/m^2 and X = 950 mg/m^2, respectively. Toxicity: All patients were evaluable for toxicity. Main toxicities are shown in the attached table.

Toxicity per patient	Grade 1–2 (%)	Grade 3–4 (%)
Anaemia	39	
Neutropenia	26	4
Thrombocytopenia	4	4
Hand–foot syndrome	35	13
Asthenia	39	13
Mucositis	17	9
Diarrhoea	13	9
Nausea	35	4
Vomiting	9	4

Efficacy analysis: clinical response was evaluated every 3 cycles. Over 16 evaluable patients for efficacy, 2 achieved partial response, 7 stable disease and 7 progressed, resulting in an ORR of 13% (95%CI: 0–29). Median follow up time was 11.5 months, median time to progression was 7.5 months (95%CI: 4.5–10.5) and median overall survival 13.3 months (95%CI: 9.6–16.9).
Conclusion: Oral Capecitabine is a well-tolerated chemotherapy treatment in elderly patients with metastatic breast cancer.

441 PUBLICATION

Clinical and molecular characteristics of breast cancer patients with brain metastasis: a retrospective study

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Background: Brain metastasis continues to be a problem amongst patients with metastatic breast cancer despite improved control of systemic disease with new agents. The current analysis was conducted to identify common clinical and molecular characteristics amongst patients suffering from metastatic breast cancer with brain metastasis.