of therapy. The efficacy analysis revealed a 36% objective response rate with another 28% of patients having disease stabilization.
Conclusion: The combination of PLD with Cyclophosphamide given every 3 weeks is a safe and active combination in advanced breast cancer patients who relapse more then one year after completion of adjuvant therapy with anthracyclines.

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Safety and efficacy of first-line docetaxel (DXL) – gemcitabine (GMZ) in metastatic breast cancer (MBC)

A. Bensalem[1], K. Bouzid[2]. *[1]CHU Dr Benbadis Constantine, Algeria, Medical Oncology, Constantine, Algeria; [2]CPMC, Medical Oncology, Algiers, Algeria*

Purpose: New combinations and strategies have been developed over the past 10 years including new drugs such as taxanes and gemcitabine and this design demonstrates the feasibility of the most effective drugs, while minimizing toxicity. DXL–GMZ has shown significant activity against mbc in a lot of studies.
Methods: from November 1998 to January 2000, 42 patients have been enrolled in the study and all patients had previously received adjuvant therapy.
Treatment: Patients received DXL: 75 mg/m^2 day 1+GMZ: 1250 mg/m^2 day 1 and day 8, every 3 weeks without growth factor support. median age was 57.5 years (range 27–74).
Results: Complete response was observed in 22.5% (9 patients) and partial response in 57.5% (24 patients) with an overall response rate of 80%. The probability of one-year survival was 83.5%. Main grade * toxicities were Neutropenia in 12.5% (5 patients) and Anaemia in 7.5% (3 patients). Nausea and vomiting grade 2–3 were in 19.2%.
Conclusion: DXL + GMZ is an active regimen in mbc. This scheme is of an easy administration, very well tolerated and effective in patients with MBC relapsing after an anthracycline based adjuvant treatment.

469 PUBLICATION

Allogeneic hematopoietic cell transplantation for metastatic breast cancer

U. Naoto[1], D. Rizzo[2], T. Demirer[3], Y. Chung Cheng[4], U. Hegenbart[5], M. Zhang[6], M. Bregni[7], A. Carella[8], D. Blaise[9], J. Garcia-Conde[10]. *[1]MD Anderson Cancer Center The University of Texas, Blood and Marrow Transplantation, Houston, USA; [2]Medical Colloge of Wisconsin, Milwaukee, USA; [3]A.U. Ibn-i Sina Hosp, Hematology, Ankara, Turkey; [4]MD Anderson Cancer Center The University of Texas, Blood and Marrow Transplantation, Houston, USA; [7]Istituto Scientifico, Hematology, Milano, Italy; [8]Ospedale San Martino, Hematology, Genova, Italy; [9]Institut Poali Calmettes, Marseille, France; [10]Hospital Clinico Universiterio, Hematology/Oncology, Valencia, Spain*

To describe the efficacy of allogeneic hematopoietic cell transplantation for metastatic breast cancer, we reviewed registry data from 16 centers participating in the Center for International Blood and Marrow Transplant Research and the European Group for Blood and Marrow Transplantation between 1992 and 2000. Probabilities of transplant-related mortality (TRM), graft-vs-host disease (GVHD), disease relapse or progression, progression-free survival, and overall survival were determined. Seventy-five patients were identified from the registries; median age at transplant was 41 years (range, 25–60) and the median follow-up time for survivors was 25 months (range, 3–64). Thirty-nine patients (52%) received myeloablative conditioning regimens and 36 (48%) were given reduced-intensity conditioning (RIC) regimens. Patient characteristics were similar between the two groups except that more patients in the RIC group (72%) had low performance status than did those in the myeloablative group (26%). More patients in the myeloablative group had acute GVHD (46% vs 33% in the RIC group) at 100 days, chronic GVHD at 1 year (39% vs 8% in the RIC group), and 100-day TRM (26% vs 7% in the RIC group). Overall response rates (complete or partial response) were 31% for the myeloablative group and 29% for the RIC group. Nine of 38 patients (24%) who underwent immune manipulation after transplant showed disease control, providing direct evidence of a graft-vs-tumor effect. Further, multivariate analysis showed that the presence of acute GVHD after an RIC regimen reduced the risk of disease relapse or progression but did not affect progression-free survival.
The presence of disease control in association with acute GVHD suggests the existence of a graft-vs-tumor effect in heavily pretreated metastatic breast cancer patients.

470 PUBLICATION

Interim analysis of a Phase II study of biochemotherapy in metastatic breast cancer (MBC)

A. Lal, A. Alidina. *Aga Khan University Hospital, Medical oncology, Karachi, Pakistan*

Background: Breast cancer is moving on from being lethal, towards chronic, owing to the availability of targeted therapy.
Objective: To determine the response rate, time to disease progression and overall survival.
Methods: Women were eligible if they were; histological confirmed invasive infiltrating carcinoma, HER-2/neu FISH positive MBC. PS 0–2 with adequate renal, liver and hematological functions. Trastuzumab was given 4 mg/kg loading dose then 2 mg/kg and vinorelbine 25 mg/m^2 weekly. The regimen was continued until progression of disease or undue toxicity experienced or patient herself withdraws consent.
Results: We have thus accrued 25 patients, mean age of 53 yrs. The first line in 08%, second line in 32%, third line in 48% and fourth line 12% of the cases. Over half of patients had bony metastases; single visceral metastatics were present in 24%, multiple visceral metastatics were present in 48%. The overall response was 72% and stable disease was observed in 12%, progressive disease in 16% of the cases. Time to disease progression and survival data will be mentioned in the final analysis. Five grade-3 toxicities, including two cardiomyopathies were noted.
Conclusion: Bio-chemotherapy with weekly Trastuzumab in combination with Vinorelbine yields an impressively high response rates, with acceptable toxicity profile in this ongoing Phase II study in metastatic breast cancer in Pakistani Women. We caution that this is an interim analysis, and final data will be available in about two years.

471 PUBLICATION

Letrozol in the treatment of metastatic breast cancer

C. Timcheva, S. Hristova, I. Trifonova, M. Taushanova, P. Donchev, T. Milenkova, V. Marinova. *National Center of Oncology, Chemotherapy Clinic, Sofia, Bulgaria*

Background: The aim of the stady is to establish the treatment power of Letrozole in women with metastatic breast cancer.
Patients and methods: Forty four postmenopausal women mean age 59 years were included in the stady. Distribution of the patients by stages is: 20.4% operated in stage I, 45.5% – in stage II, 22.7% – in stage III, and 11.4% have been diagnosed in stage IV. The last group of patients had cyological confirmation of the disease only. Histologicaly there were 30 invasive ductal, and 9 invasive lobular cancers. All of the patients had positive hormonal receptors, except of the 5 nonoperated patients (unknown receptors). Adjuvant therapy included anthracycline containing chemotherapy FEC (Farmorubicin, Cyclophosphamide, 5-FU) in standard doses in 31.8% of the patients, CMF (Cyclophosphamide, Methotrexate, 5-FU) – 31.8%, CNF (Cyclophosphamide, Novantrone, 5-FU) – 6.8%. Most of the patients received Tamoxifen (79.5%). Twenty nine patients (65.9%) had metastatic disease in one organ or system, and 15 (34.1%) – in two or more organs or systems. Twenty five patients (56.8%) had bone metastases, 16 (36.4%) – soft tissue metastases, 9 patients (20.5%) – lung metastases, and 9 patients (20.5%) had liver metastases. Twenty patients (45.4%) received Letrozole as a first line therapy for metastatic disease, 54.6% – as a second line after chemotherapy. The mean treatment duration was 12.63 months (5–13 m.) in dose 2.5 mg/d.
Results: Letrozole was very well tolerated. ORR was 63.6% including 2 CR (soft tissue metastases), 4 PR (1 patient with soft tissue metastases, 1 with lung metastases, 2 patients with liver metastases), and 34 SD with improvement of Karnofsky PS. Four patients (9.1%) with more than one metastatic site had progressive disease. Survival data are expected.
Conclusion: Letrozole is a high power aromatase inhibitor for the treatment of patients with metastatic breast cancer, including those with asymptomatic visceral metastases.

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Preoperative chemoradiotherapy of locally advanced breast cancer

V. Vinogradov, I. Issaeva, N. Yalinich. *Central Research Institute of Roentgenology and Radiotherapy, Saint-Petersburg, Russian Federation*

Purpose: To assess the efficacy of neoadjuvant chemotherapy and accelerated radiotherapy in breast cancer patients by evaluation of postoperative morphological changes.
Methods and materials: Between March 2001 and March 2005 31 patients with stage IIB-III breast cancer were treated. For majority, the induction chemotherapy consisted of two-four courses (doxorubicin or epirubicin, cyclophosphamide and 5-fluorouracil, on the first day of a 21-days cycle – 21 patients). 10 pts were treated by two drugs: paclitaxel