1303 PUBLICATION

Continuous infusion (CI) of 5-fluorouracil (5-FU) and oral leucovorin (LCV) in the treatment of metastatic breast cancer (MBC)

O. Lyass, M. Temper, G. Brufman, A. Gabizon, A. Hubert, T. Peretz, B. Uziely. *Department of Oncology, Hadassah Medical Center, Jerusalem, Israel*

Purpose: To evaluate the efficacy and toxicity of CI of 5-FU and oral LCV in patients (pt) who had failed to prior bolus 5-FU containing regimens.

Methods: Between 07/95 and 10/98, 52 pt were treated with CI of 5-FU 200 mg/m^2 on d1–10 and oral LCV 45 mg/d on d1–10, repeated q3w. Therapy was administered on outpatient basis through a permanent central venous device (CVD) and a disposable Multiday Infusor. All but one pt had received prior chemotherapy (CT), with bolus 5-FU containing regimens. Prior anthracycline therapy was given to 88%. Median number of prior CT lines for MBC was 1 (0–4), with 78% of pt receiving CI-5-FU + LCV as 2nd–5th line. Median age 50 y (33–80). Multiple metastatic disease sites were found in 56% of pt. Visceral organs were dominant sites of disease in 69%. Pt received a median of 6 cycles (1–23) of CI-5-FU + LCV.

Results: Overall response rate was 17%: CR 2 (4%), PR 7 (13%), S 30 (58%), PD 13 (25%). Median duration of response was 6 mth (2–14). Median time to progression was 18 weeks (3–69). Estimated median survival of all pt from the start of therapy was 18 mth (1–34). The most frequent side effect was stomatitis, grade (g) 3 in 16%, and g 2 in 10%. Diarrhea g 2 was seen in 6% of pt, and g 3 in 2%. Hand-Foot syndrome g 3 in 2%, and g 2 in 2%. CVD-related complications: subclavian vein thrombosis in 2 pt and bacteremia in 1 pt.

Conclusions: Combination of CI of 5-FU and oral LCV provided useful disease stabilization for some pt with MBC who failed to previous regimens containing bolus injections of 5-FU. This therapy yielded only a low rate of g 3 toxicity, with no g 4 toxicity observed, and could be given for prolonged periods.

1304 PUBLICATION

Five year results of neoadjuvant chemotherapy with cyclophosphamide, doxorubicin and 5-FU (CAF) for locally advanced breast cancer

S. Man[1], K. Lavrenkov[1], M. Koretz[2], D.B. Geffen[1], Y. Cohen[1]. *[1]Department of Oncology; [2]Department of Surgery A, Soroka University Medical Center, Faculty of Health Sciences, Ben Gurion University, Beer Sheva, Israel*

Purpose: Evaluation of the role of neoadjuvant chemotherapy CAF in achieving the goal of breast conserving surgery and its impact to survival.

Methods: 59 pts with stage III breast cancer received 3–6 cycles of neoadjuvant chemotherapy CAF. The chemotherapy regime was: 5-FU 500 mg/m^2, cyclophosphamide 500 mg/m^2, and doxorubicin 50 mg/m^2 once every 3 weeks. Forty one pts were treated postsurgically with 2–5 more cycles of CAF. Radiotherapy was given to 50 pts, 43 pts received tamoxifen.

Results: Overall 42 pts (71.2%) responded to CAF, 6 pts (10.2%) achieved complete response (CR) and in 3 pts (5.1%) CR was confirmed by postsurgery pathological examination. Fifty one pts underwent modified radical mastectomy (86.4%) and 8 (13.6%) underwent lumpectomy and axillary lymph node dissection. Forty three pts (72.8%) had positive lymph nodes. Twenty four pts (40.7%) recurred at the mean time of 18 months from surgery. The 5-year relapse free survival (RFS) for responders to CAF vs non responders was 54.2% and 29.5% respectively. The 5 year RES was 92.3% for node negative pts, 41.7% for 1–3 nodes positive pts and 13.6% for 4 or more node positive pts.

Conclusion: The proportion of lumpectomies was small in our study. The drugs other, than doxorubicin must be used in adjuvant settings for non responders to neoadjuvant CAF. New active agents must be introduced for the neoadjuvant treatment of locoregional advanced breast cancer in order to improve the results of node positive pts.

1305 PUBLICATION

Weekly docetaxel (D) plus gemcitabine (G) or vinorelbine (V) in refractory advanced breast cancer (ABC) patients. A parallel dose-finding study

G. Frasci, P. Comella, A. Apicella, G. D'Aiuto, R. Thomas, I. Capasso, M. Di Bonito, L. Lapenta, G. Comella. *Div. Med. Oncology A, and Surg. Oncology A, Service of Pathology, Dept. of Radiology, Natl. Tumor Inst. of Naples, Italy*

Purpose: The present study aimed at determining the MTD of T when combined with G or V in ABC pts who had received at least one previous chemotherapy regimen for the advanced disease.

Patients and Methods: ABC pts aged between 18 and 70, with ECOG PS 0–2 who had not responded to or had relapsed after first-line anthracycline-based chemotherapy were randomized to receive G 1,000 mg/m^2 or V 25 mg/m^2 in combination with escalating doses of D (starting from 30 mg/m^2), all on d 1 & 8 every 3 wks. Escalation was stopped if >33% of pts treated at a given dose level showed DLT at 1st cycle.

Results: To date 22 pts with locally advanced (4) or metastatic disease (17) have been treated, for a total of 48 cycles delivered. 11 pts have received D in combination with G and the remaining 11 with V. All pts have been pretreated with anthracyclines, and 21/22 have also received weekly dose-dense Taxol. D doses of 30 and 35 mg/m^2 proved to be safe when combined on d 1 & 8 with esther G 1,000 mg/m^2 or V 25 mg/m^2. No episode of DLT occurred at 1st cycle, and grade 3–4 neutropenia and thrombocytopenia occurred in only 5 and 2 pts. Nonhematologic toxicity was mild, except for one case of grade 2 peripheral neuropathy. We are now testing a D dose of 40 mg/m^2 in both groups (5 pts have been entered in each group).

Conclusion: The weekly D administration in combination with either G or V represents a well tolerated treatment for heavy pretreated ABC pts The study still continues until the definition of D MTD.

1306 PUBLICATION

Lack of cardiotoxicity in metastatic breast cancer (MBC) patients (pts) receiving doxorubicin/Paclitaxel (DOX/PAC) combination

L. Osmanova, A. Stecenko, M. Stenina, V. Kassil, A. Garin, S. Tjulandin. *Cancer Research Center, Moscow, Russian Federation*

Purpose: to evaluate the cardiotoxicity of Dox/Pac combination in MBC pts.

Methods: Since Nov. 1994, 56 MBC pts received Dox 50 mg/m^2 i.v. bolus followed by Pac 175 mg/m^2 3 hour infusion every 3 weeks 6 cycles. Pt characteristics: median age – 50 (32–68), premenopausal – 20 pts, visceral metastasis – 24 pts, previously adjuvant CMF – 8 pts. All pts had normal renal, liver, cardiac (left ventricular ejection fraction (LVEF) > 50%) and hematological functions and ECOG status 0–2 before treatment. Cardiac function was evaluated by clinical examination, ECG and bidimensional echocardiography before treatment, every 2 courses, after treatment and every 3 months during follow up.

Results: 56 pts received 307 cycles of treatment (median 6, range 2–6). The overall response was 60% (5 CR and 28 PR) with median time to progression of 12 months and median overall survival of 19 months. Median cumulative dose of Dox was 300 (100–300) mg/m^2. Median LVEF before and after treatment consisted 66% and 64% respectively, no congestive heart failure was registered on treatment and during follow up.

Conlusion: Dox/Pac combination, highly active and tolerable regimen in metastatic breast cancer, does not damage the cardiac function seriously if the doxorubicin dose consists no more than 300 mg/m^2.

1307 PUBLICATION

First line chemotherapy with paclitaxel (P) and mitoxantrone (M) metastatic breast cancer (MBC). A phase II study

D. Tsavdaridis[1], A. Athanassiadis[2], P. Kourtidou[1], N. Hatzikonstantinou[3], M. Saleh[1], A. Hatzichristou[4], K. Karapanagiotis[1], A. Moschidis[1], A. Liaros[5], A. Apostolidis[6], G. Harmouziadis[1]. *[1]Oncology Department 2nd General Hospital IKA; [2]Gen. Hospital Larissa; [3]Gen. Hospital Komotini; [4]1st Depart. General Surgery Papanikolaou; [5]AHEPA-Radiotherapy Unit; [6]Radiology Depart.-Gen. Hospital Poligiros, Greece*

Objectives: The aim of this study was to evaluate the feasibility, efficacy and toxicity of Paclitaxel (P) and Mitoxantrone (M) combination as first line chemotherapy in patients with Metastatic Breast Cancer.