

Docetaxel/Capecitabine combination is an effective frontline chemotherapy in metastatic breast cancer(MBC).Hong Gi Lee. Jae Jin Lee. Jae Won Kim. Jungsil Ro.

Research Institute and Hospital, National Cancer Center **Background:** Docetaxel (T) and capecitabine (X) demonstrated synergy presumably due to T-induced upregulation of thymidine phosphorylase in preclinical studies. In anthracycline pretreated patients (pts) with MBC, a phase III trial showed TX therapy had significantly prolonged time to progression and survival compared with T monotherapy with response rate of 42%. A phase II study of docetaxel and capecitabine combination chemotherapy as front-line in metastatic breast cancer (MBC) was done to evaluate the efficacy and safety.

Patients and Method: Patients with stage IV and recurrent breast cancer who have not received prior chemotherapy except in adjuvant setting were eligible. Patients with measurable disease, and ECOG performance status 0-2 were enrolled. Docetaxel 75 mg/m² was administered intravenously on D1, capecitabine 1,000 mg/m² orally twice daily for 2 weeks (D1-14), repeated every 3 weeks. Up to 8 cycles were given. **Results:** 36 patient (12 stage IV and 24 recurrent) were accrued from Aug 2002 to Aug 2003. Among 24 recurrent patients, 15 patients received CMF, 7 received anthracycline-based, and 7 hormonal adjuvant therapy. Median age, 51 years (range, 28-68). Disease sites were breast (38.8%), bone (33.3%), chest wall (8.3%), lymph node (69.4%), liver (38.8%) and lung (36.1%). A total of 158 cycles were given with median of 5. There were 19 pts with grade 3 or 4 neutropenia (1 febrile neutropenia), 4 with grade 3 hand-foot syndrome, and 21 with grade 2 nail change. Other common adverse events were mild, including gastrointestinal toxicities, tearing, fatigue, myalgia and edema. 5 pts were not evaluable (3, loss of follow-up; 2, too early). Tumor responses were evaluated in 34 pts excluding these 2 pts with too early. There were 3 CR, 15 PR, 10 SD, 3 PD with overall clinical response rate of 52.9% (18/34). All 3 pts with CR and 13 pts with PR were anthracycline naïve. 9 of 20 pts (45.0%) with prior adjuvant chemotherapy and 9 of 14 pts (64.2%) without showed objective responses. The response duration ranged from 7.6 weeks + to 55.1 weeks +, and median time to progression (TTP) was 23.8 weeks(range: 5.7 to 36.6) **Conclusion:** Docetaxel and capecitabine combination chemotherapy showed a significant efficacy particularly in patients with anthracycline naïve metastatic breast cancer. The toxicity profiles were acceptable.(Supported in part by Aventis and Roche Korea.)

Anthracycline의 치료력이 있는 전이성 유방암 환자에서 taxane과 platinum 복합화학요법의 효능

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목적: Anthracycline의 치료력이 있는 전이성 유방암 환자에서 taxane과 platinum 복합화학요법의 효능을 알아보고자 하였다.

방법: 보조 항암화학요법 또는 전이성 유방암으로 anthracycline을 이미 사용한 환자 133명을 대상으로 taxane과 platinum 복합화학요법을 시행하였다. 복합화학요법은 TP (taxol 135 mg/m², cisplatin 80 mg/m²) 또는 DP (docetaxel 75 mg/m², cisplatin 75 mg/m²)가 3주 간격으로 투여되었으며, 19명은 cisplatin 대신 carboplatin (AUC 6 mg/ml*min)을 투여 받았다.

성적: 133명 중 56명(42%)은 일차 약제로 TP 또는 DP를 투여 받았으며, 나머지 77명은 이차 약제로 투여 받았는데 이 중 36명(47%)은 anthracycline에 반응을 보이지 않았다. 계측 가능한 병변을 가진 116명 중 14명(12%)이 완전 관해, 34명(29%)이 부분 관해를 보여 전체 반응률은 41%이었으며(TP 42%, DP 41%), 질병 진행까지의 중앙값은 183일(TP 182일, DP 183일), 전체 생존 기간의 중앙값은 406일(TP 403일, DP 471일, p=.209)이었다. 일차 약제로 투여된 경우(N=47) 완전 관해 9명, 부분 관해 18명으로 반응률이 57%(TP 59%, DP 56%), 중앙 생존 기간이 548일이었으며, 이차 약제인 경우(N=69) 완전 관해 5명, 부분 관해 16명으로 반응률이 30%(TP 32%, DP 28%), 중앙 생존 기간이 363일이었다. 3도 이상의 혈소판감소증이 4명(3%), 호중구감소증이 49명(37%)에서 관찰되었으며 이 중 11명에서 발열이 동반되었다.

결론: Anthracycline의 치료력이 있는 전이성 유방암 환자에서 taxane과 platinum 복합화학요법은 효과적이고 비교적 안전하였으며, TP와 DP간 효능의 차이는 없었다.