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Metronomic oral palliative chemotherapy with capecitabine and cyclophosphamide in patients with anthracycline-, taxane- and platinum pretreated metastatic triple negative breast cancer: A single centre experience from developing country

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Background: Triple negative breast cancer (TNBC) constitute 25% of all breast cancer and have short progression free survival (PFS) and overall survival (OS), is major concern in our country. Metronomic palliative chemotherapy with the oral capcitabine and oral cyclophosphamide showed efficacy in progressive metastatic breast cancer (MBC). The purpose of this study was to evaluate the efficacy and safety of an all-oral combination of palliative metronomic cyclophosphamide plus capecitabine for women with anthracycline, taxane, and platinum pretreated triple negative MBC.

Material & Methods: A retrospective single centre analysis of 60 patients with advanced triple negative breast cancer at All India Institute of Medical Sciences (AIIMS), New Delhi, India. This analysis was carried out with the aim to determine efficacy in terms of response rate, control of tumor-related symptoms, outcome, and toxicity. All patients had chemotherapy resistant metastatic disease and had previously received three lines of chemotherapy included anthracycline, taxane, and platinum. All patients received oral capcitabine 500 mg twice in a day and oral cyclophosphamide at 50 mg/day without interruption until re-evaluation or progressive disease.

Results: Between January 2008 and December 2013, 60 patients were enrolled and 45 were included in the efficacy analysis. The median follow-up was 12 months. ORR was 40% and stable disease was achieved in 15%, resulting in a 55% clinical benefit response rate. Symptoms controlled were achieved in 58% of cases. Median PFS was 6months and overall survival was 9 months. The 1- and 2-year OS rates were 51 and 21%, respectively. Toxicity was very mild and easily manageable Grade 3 adverse events comprised leukopenia (20%), neutropenia (18%) and transaminitis in 10% of cases.

Conclusion: The all-oral combination of metronomic palliative chemotherapy (CTX plus capecitabine) is an effective, convenient, well tolerated, economical regimen for MBC with good palliation and better quality of life in developing countries with limited recourses.

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