TARGETED CHEMOTHERAPY WITH ALBUMIN-BOUND PACLI TXEL (NAB-PA CLI TXEL) FOR METASTATIC BREAST CANCER (MBC): WHICH BENEFIT FOR WHICH PATIENTS? A REAL WORLD MULTICENTER ITALIAN EXPERIENCE ON 150 WOMEN


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Aim: A growing evidence supports the efficacy and safety of different dosing schedules of nab-paclitaxel (nab-P) through several treatment lines in MBC, also in taxane-pretreated patients (pts). We report the final results of a multicenter experience with single-agent nab-P as 2nd and further chemotherapy (CT) in MBC, focusing on potential predictive and/or prognostic factors for treatment response and disease outcome.

Methods: From February 2011, 150 consecutive MBC pts were treated at 8 Italian Institutions, 85 (cohort A) with the 260mg/m² q3w schedule (46 in 2nd line, 21 in 3rd and 18 in ≥ 4th) and 65 (cohort B) with the 125 mg/m² (20 in 2nd line, 10 in 3rd and 35 in ≥ 4th). Visceral involvement: 72%; ≥ 3 metastatic sites: 60%; median DFI ≤ 24 months: 35%; taxane-based CT in the adjuvant or metastatic setting: 68% and 65%, respectively.

Results: The objective response rate (ORR) in the whole population was 48% (6 CR, 65 PR, 51 SD ≥ 16 weeks), for an overall clinical benefit rate of 83%. At a median follow-up of 18 months (range 6-30), median PFS was 7.8 months (range 3-23+), median OS has not yet been reached. Major toxicities were expected and manageable with both the schedules, without differences in the ≥65 years pts (38%). Statistical analysis showed no predictive or prognostic value of the evaluated patient- and disease-related variables (DFI, tumor subtype, site and number of metastatic sites, previous taxane-based CT, prior lines for metastatic disease, dosing schedules), while the line of CT significantly affected both the probability of response (61% ORR in 2nd line versus 38% in ≥3 lines; p < 0.05) and outcome (PFS 12.6 months versus 4.9 months, respectively; p = 0.03). In the subgroup analysis, age < 65 years, DFI ≤ 24 months, triple negative subtype and predominant visceral disease were found significantly correlated with higher ORR and longer PFS in cohort A, while in cohort B older pts without visceral involvement and ≤2 metastatic sites showed the better outcome (p = 0.04).

Conclusions: Our data confirm that both the tested nab-P regimens produce encouraging ORR and PFS values in taxane-pretreated MBC, in advanced lines of treatment too. The suggested higher activity of the q3w schedule in pts with more aggressive disease further supports the possibility of tailoring the dosing schedules according to the different patient profiles and clinical situations.

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