Response-guided neoadjuvant chemo beneficial in breast CA

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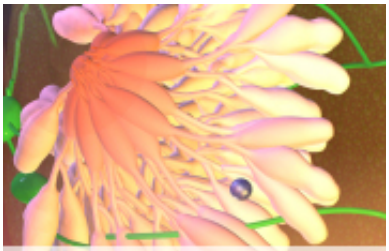

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(HealthDay)—For patients with early breast cancer, a response-guided neoadjuvant chemotherapy approach seems beneficial, according to a study published online Sept. 3 in the *Journal of Clinical Oncology*.

Gunter von Minckwitz, M.D., from the Institute for Pathology in Berlin, and colleagues examined disease-free survival (DFS) and overall survival (OS) among patients with early breast cancer after treatment with response-guided neoadjuvant chemotherapy. A total of 2,072 patients were treated with two cycles of docetaxel, doxorubicin, and cyclophosphamide (TAC). Responders were randomized to four or six additional TAC cycles (704 and 686 patients, respectively), while early non-responders were assigned to four cycles of TAC (321) or

vinorelbine and capecitabine (NX; 301 patients) before surgery.

The researchers found that DFS was significantly longer for early responders assigned to eight sessions of TAC versus six sessions (hazard ratio [HR], 0.78) and in early non-responders receiving TAC-NX versus six sessions of TAC (HR, 0.59). Compared with conventional chemotherapy (six sessions of TAC), response-guided therapy (eight sessions of TAC or TAC-NX) correlated with significantly longer DFS (HR, 0.71) and OS (HR, 0.79) in exploratory analysis. In all hormone receptor-positive tumors, but not hormone receptor-negative tumors, DFS was longer after response-guided chemotherapy.

"This exploratory analysis suggests that response-guided neoadjuvant chemotherapy might improve survival and is most effective in hormone receptor-positive tumors," the authors write. "If confirmed, the response-guided approach could provide a clinically meaningful advantage for the neoadjuvant over the adjuvant approach in early breast cancer."

Several authors disclosed financial ties to pharmaceutical companies, including Amgen, Chugai, Roche, and sanofi-aventis, all of which funded the study.

More information: Abstract
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