

Certain breast CA patients benefit from adjuvant capecitabine

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patients were alive after five years, compared with 70.3 percent of control patients.

"After standard [neoadjuvant chemotherapy](#) containing anthracycline, taxane, or both, the addition of adjuvant capecitabine therapy was safe and effective in prolonging disease-free survival and overall survival among patients with HER2-negative breast cancer who had residual invasive disease on pathological testing," the authors conclude.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—Capecitabine (Xeloda) can extend the lives of patients with human epidermal growth factor receptor 2 (HER2)-negative breast cancer who have residual invasive disease after receipt of neoadjuvant chemotherapy, according to a study published in the June 1 issue of the *New England Journal of Medicine*.

The new trial focused on 910 women with HER2-negative residual invasive [breast cancer](#) after neoadjuvant chemotherapy. Participants received standard post-surgical treatment either with capecitabine or without (the control group).

The researchers found that capecitabine was associated with a reduced risk of relapse or death (30 percent over five years). At that point, 74.1 percent were still alive and recurrence-free, versus 67.6 percent of women in the control group. Five years later, 89.2 percent of capecitabine patients were still alive, compared with 83.6 percent of control patients. Among women with [triple-negative breast cancer](#), 78.8 percent of capecitabine

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