Combination Therapy With Ixabepilone Plus Capecitabine Is Effective in ER/PR-Negative Breast Cancer Resistant to Anthracyclines and Taxanes

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Presented at the 30th Annual San Antonio Breast Cancer Symposium • December 13–16, 2007

BACKGROUND

The combination of ixabepilone and capecitabine may offer a specific benefit to a subset of patients with ER/PR/HER2-negative breast cancer (MBC), including ER/PR/HER2-negative disease.

METHODS

- In a phase 3 trial of 732 patients with anthracycline/taxane-resistant MBC, ixabepilone, 40 mg/m^2 IV over 3h q3wk, in combination with capecitabine, 2000 mg/m^2 PO qd–14 of a 21-day cycle, was compared with capecitabine alone, 2500 mg/m^2 on the same schedule.
- Progression-free survival (PFS) and ORR were prospectively analyzed for this patient population.

RESULTS

- Twenty-four percent of patients in the combination arm and 26% of patients receiving capecitabine monotherapy had ER/PR/HER2-negative disease defined by local testing (Table 1).
- Resistance to taxanes defined by recurrence within 4 months of the last dose in the metastatic setting, or recurrence within 12 months in the adjuvant setting.

CONCLUSIONS

- This combination therapy approach is an option for patients with ER/PR/HER2-negative breast cancer resistant to anthracyclines and taxanes.
- For patients with ER/PR/HER2-negative disease, PFS was prolonged to 4.1 months, compared with 2.1 months with capecitabine alone (HR=0.57) (Table 2).
- ORR also increased in the ixabepilone plus capecitabine arm compared with capecitabine alone (25% vs 19%).

Table 1: Selected Baseline Characteristics in the Total Study Population

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>I+C (n=377)</th>
<th>C (n=320)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td>61.1 (6.8)</td>
<td>61.0 (7.0)</td>
</tr>
<tr>
<td>ECOG performance status</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Extent of disease (number of disease sites)</td>
<td>2.4</td>
<td>2.4</td>
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</tbody>
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Table 2: Efficacy Results for All Patients and by Receptor Status Subgroup

<table>
<thead>
<tr>
<th>Receptor Status Subgroup</th>
<th>I+C (n=377)</th>
<th>C (n=320)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR, %</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Median PFS (mo)</td>
<td>4.1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

- For patients with ER/PR/HER2-negative disease, PFS was prolonged to 4.1 months with ixabepilone plus capecitabine compared with 2.1 months with capecitabine alone (HR=0.57) (Table 2).
- ORR also increased in the ixabepilone plus capecitabine arm compared with capecitabine alone (25% vs 19%).

- For patients without ER/PR/HER2-negative disease, median PFS was 7.1 months in the ixabepilone plus capecitabine arm, compared with 5.7 months with capecitabine alone (HR=0.74) (95% CI 0.61–0.88).