Tumori, 97: 449-453, 2011

Doses of capecitabine and oral vinorelbine are not relevant for efficacy in breast cancer patients: an analysis of dose intensity

Nicola Battelli[1], Alessandro Bittoni[2], Alessandra Pagliacci[1], Laura Zepponi[1], Mario Scartozzi[1], Carlo Mariotti[3], and Stefano Cascinu[1]

[1]Clinica di Oncologia Medica, AO Ospedali Riuniti-Ancona, Università Politecnica delle Marche; [2]Scuola di Specializzazione in Oncologia, Università Politecnica delle Marche; [3]Chirurgia Senologica AO Ospedali Riuniti-Ancona, Università Politecnica delle Marche, Ancona, Italy

ABSTRACT

Background. The combination of capecitabine and vinorelbine is a valuable regimen in metastatic breast cancer treatment, even in pretreated patients.

Patients and methods. Forty-one pretreated consecutive patients were treated with capecitabine, 1000 mg/m^2, twice daily, for two of three weeks, and vinorelbine, given orally at a dose of 60 mg/m^2, days 1 and 8 in three-week cycles.

Results. A total of 301 courses was given, with a median of 8 courses (range, 3-13). Median dose intensity of capecitabine was 75% of the planned dose and for vinorelbine it was 72%. We observed 18 partial response (43.9%), 15 stable disease (36.6%), and 8 progressive disease (19.5%). Median progression-free survival was 9 months (range, 1-22) and median overall survival was 27.2 months (range, 4-40). Overall response rate (complete + partial response) was not statistically different between patients who received more or less than the median dose intensity of capecitabine and vinorelbine, and there was no difference in overall survival or progression-free survival.

Conclusions. Capecitabine and oral vinorelbine is an effective and well-tolerated "all-oral" regimen for advanced breast cancer patients. The use of lower doses than those currently recommended should be not detrimental in terms of efficacy.

Key words: capecitabine, chemotherapy, low doses, metastatic breast cancer, vinorelbine.

Correspondence to: Alessandro Bittoni, Scuola di Specializzazione in Oncologia, Università Politecnica delle Marche, Via Conca, 60126 Torrette, Ancona, Italy.
Tel +39-071-5964527;
fax +39-071-5965053;
e-mail alebitto@tiscali.it

Conflict of interest statement: All the authors declare that they have no commercial associations that might pose a conflict of interest in connection with the submitted article.

Funding sources: No sponsors were involved in the study design, in the collection, analysis and interpretation of data; in the writing of the manuscript, or in the decision to submit the manuscript for publication.

Received October 11, 2010;
accepted February 23, 2011.