Durable Response To Capecitabine (Xeloda; Roche) In An Elderly Patient With Liver And Bone Metastases Of Breast Cancer

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Citation

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Abstract

This case report concerns an elderly patient with liver and bone metastases of breast cancer successfully treated for two-years with capecitabine as first line chemotherapy without any side effect.

INTRODUCTION

Capecitabine (XELODA; Roche) is a new, orally, administered precursor of 5'-deoxy-5-fluorouridine (5'-DFUR) that is preferentially transformed into its active catabolite owing to a higher intratumoral expression of the activate enzyme thymidine phosphorylase. A number of phase II studies showed its efficacy at 1250 mg/mq twice daily for 14 days (1 week-rest) in anthracyclines and taxane pretreated patients ($_1$, $_2$). Recent studies confirmed the same efficacy even in elderly patients with a dose reduction to 1000 mg/mq twice daily for 14 days ($_3$). Our case report supports this finding showing that capecitabine can be administered safety for a long time without severe side effects.

CASE REPORT

A 56-years-old woman was admitted to our hospital for the first time in January 1990. In December 1989, she underwent Madden left mastectomy for infiltrating ductal carcinoma (pT2, N2, M0; EgR and PgR positives). The patient was treated with adjuvant tamoxifen (40 mg/die) for 9 years without side effects. In October 1999, after a light increase of CA 15-3 and CA 549, she underwent a complete restaging with chest X-ray, liver ultrasonography and bone scan. This latter exam documented an uptake on sternum; an X-ray with stratigraphy showed an osteolytic lesion; so we decided for a palliative radiotherapy on sternum (total dose: 2000 cGy/foc) and a new hormonal therapy with anastrozole 1 mg/die (ARIMIDEX; Astra-Zeneca). In February 2003, a liver ultrasonography and a subsequent CT-scan and NMR, documented 2 lesions suspected for metastases; a liver fine-needle-aspiration confirmed their malignancy from breast cancer. The patient started a third line hormonal therapy with examestane 25 mg/die (AROMASIN; Pharmacia). In December 2003, a bulky swelling (5 cm diameter) has appeared on sternum with strong pain; the patient stopped examestane and started orally capecitabine (1000 mg/mq twice daily for 14 days and a week of rest) with intravenous Zoledronic acid (4 mg every month). After 13 cycles, was documented a complete clinical remission of sternum swelling and instrumental complete remission of liver metastases (to improve patient compliance, we decided to go on capecitabine administration with 2-weeks of rest). To date, the patient underwent 23 cycles without any side effect (any PPE episodes, any gastrointestinal toxicity, any hematological toxicity): the bone scan documented a stable disease (September 2005) and liver ultrasonography confirmed the complete remission (October 2005). Actually, the patient is 72 years old and she doesn't report symptoms of note; physical examination is essentially unremarkable.

DISCUSSION

Breast cancer is one of the most common malignancies affecting women in the world. Nearly half of these women develop metastatic disease; for patients with hormone-resistant, hormone receptor-negative or rapidly disseminating disease, chemotherapy is the treatment of choice. Anthracyclines and taxanes schedules are widely

used for their proved efficacy; otherwise, these drugs produce a number of side effects (particularly, gastrointestinal, hematological and neurological toxicity). Moreover, the use of these drugs has shifted towards application earlier in the course of the disease or in adjuvant setting, for high-risk population. To overcome typical toxicities of these drugs (maintaining similar efficacy), a new drug – capecitabine – has been designed. Capecitabine is an oral fluoropyrimidine with high activity in metastatic breast cancer; two clinical trials conducted in North Europe and in France have demonstrated that oral capecitabine is highly effective and well-tolerated treatment for heavily pretreated metastatic breast cancer ([4], [5]). Furthermore, Bajetta et al demonstrated the same efficacy in older patients with a dose reduction to 1000 mg/mq ([3]). In this trial, the response rate was 34, 9% with an overall benefit rate (CR+ PR + SD > 24 weeks) of 60% in the low dose cohort; patients who had received previous chemotherapy showed a response rate of 28%, whereas patients without cytotoxic pretreatment exhibit a response rate of 38%. The good results in our patient confirm the efficacy and safety in elderly population; however, through Medline search, we didn't found any reference regarding similar long treatment with capecitabine and, above all, without any kind of side effect during the two years of chemotherapy. Moreover, the long response has maintained even after a change of schedule (2 weeks of rest instead of 1).

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