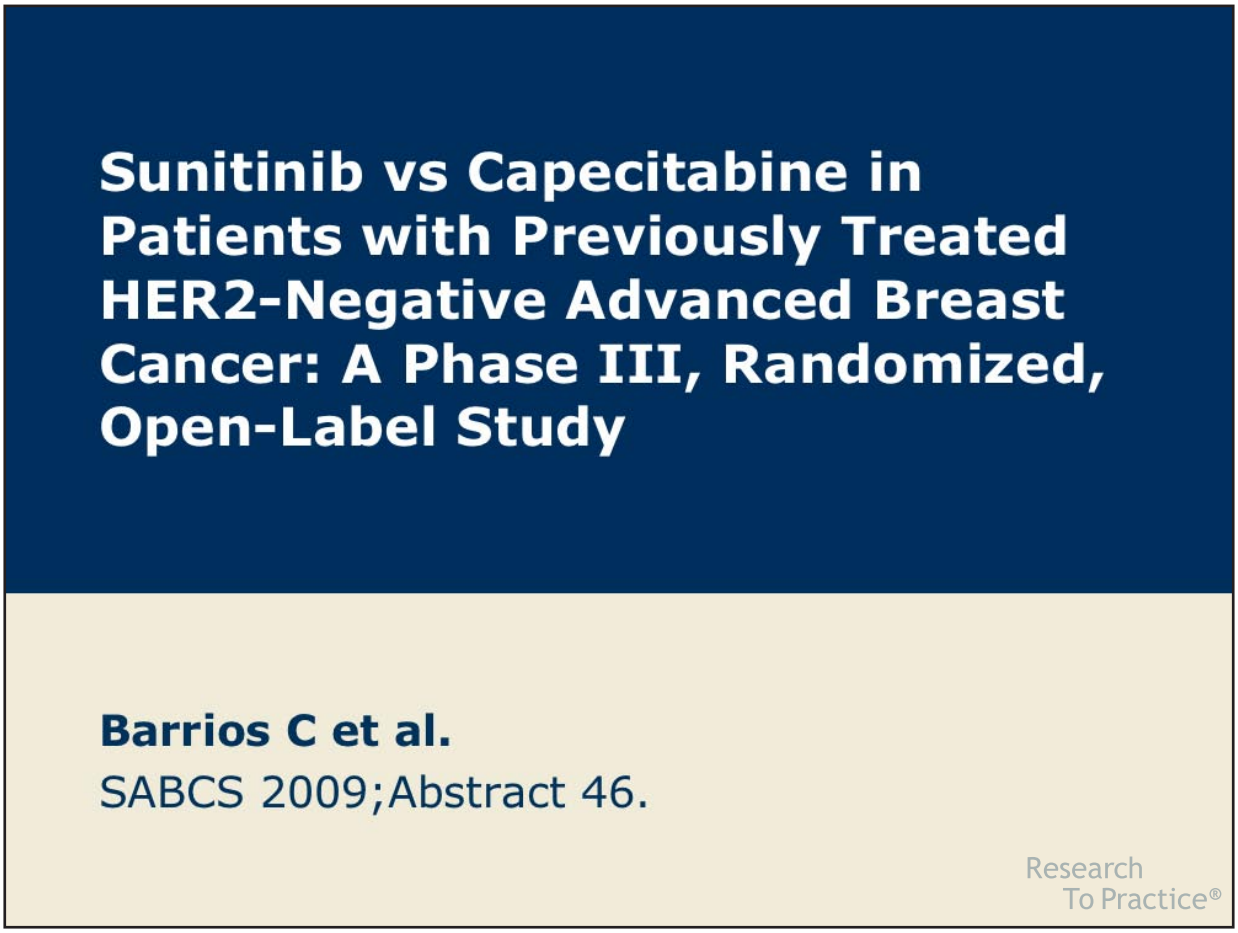
Sunitinib versus Capecitabine for Patients with HER2-Negative Advanced Breast Cancer

Presentation discussed in this issue:

Barrios C et al. **Sunitinib vs capecitabine in patients with previously treated HER2-negative advanced breast cancer: A Phase III, randomized, open-label study.** San Antonio Breast Cancer Symposium 2009;**Abstract 46**.

Slides from a presentation at SABCS 2009



Introduction

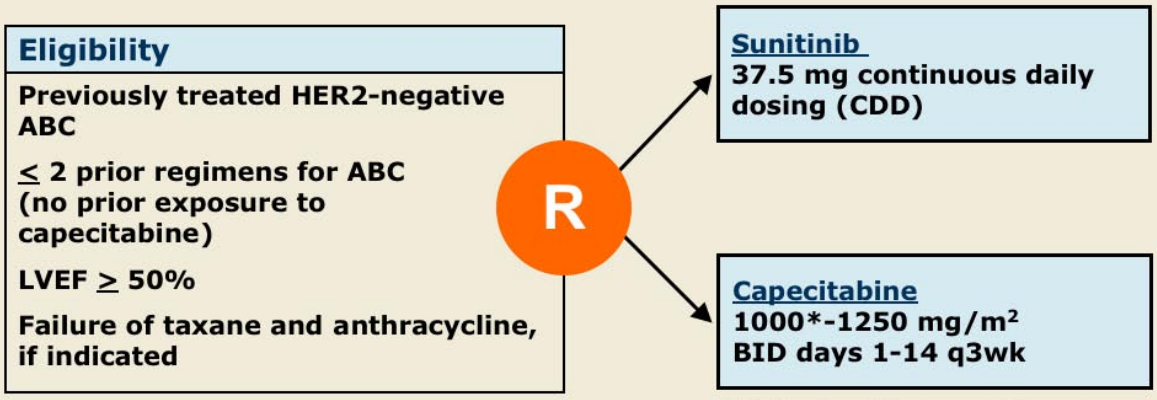
- Therapeutic inhibition of angiogenic signaling through the VEGFR/PDGFR pathways has previously been demonstrated to improve breast cancer (BC) outcome (*Nat Clin Pract Oncol* 2007;4:536).
- Single agent sunitinib, a multitargeted inhibitor of VEGFR/PDGFR, demonstrated activity in a Phase II trial with heavily pretreated patients with advanced BC (*JCO* 2008;26:1810).
  - Objective response rate (ORR): 11%
- Capecitabine is an approved standard of care for patients with advanced BC (ABC) and disease progression after anthracycline and taxane therapies.
- **Current study objectives:**
  - Compare the efficacy and safety of sunitinib versus capecitabine in patients with HER2-negative ABC whose disease has progressed after anthracycline and taxane therapies.

Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®

Study 1107: A Phase III, Multicenter, Open-Label Trial of Sunitinib vs Capecitabine in Advanced Breast Cancer

Accrual = 482/planned 700
(Trial closed by IDMC due to futility of reaching superior primary endpoint [progression free survival, PFS])

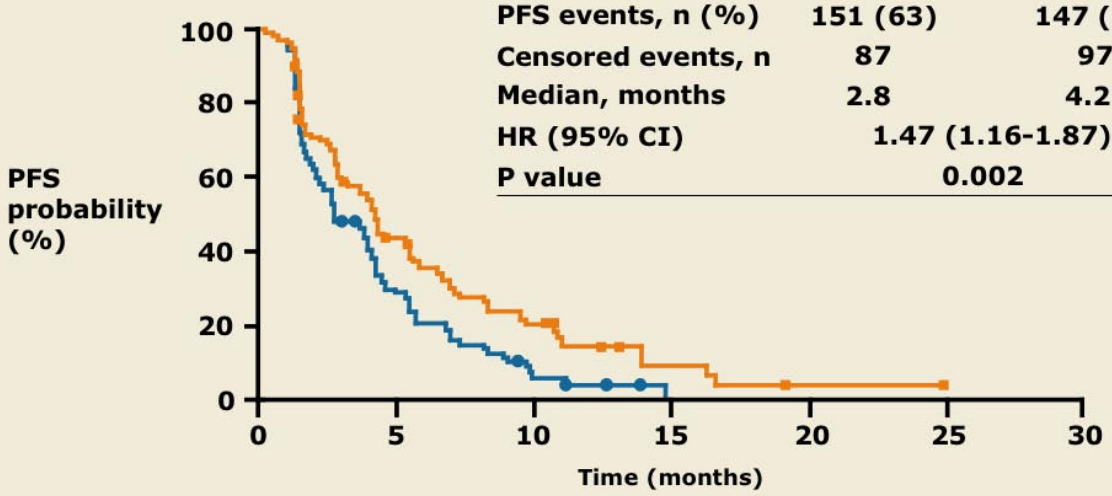


**Patients >65 years of age*

Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®

Progression-Free Survival*



	Sunitinib N = 238	Capecitabine N = 244
PFS events, n (%)	151 (63)	147 (60)
Censored events, n	87	97
Median, months	2.8	4.2
HR (95% CI)	1.47 (1.16-1.87)	
P value	0.002	

* Investigator assessment

With permission from Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®

Overall Response*

Response Parameter	Sunitinib (n=238)	Capecitabine (n=244)	Odds Ratio	*p*-value
Objective response rate	11.3%	16.4%	0.65	0.11
Clinical benefit rate	19.3%	27.0%	0.65	0.05
Median duration of response	6.9 mo	9.3 mo	—	NA

* Investigator assessment

Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®

Dose Reductions/Discontinuations and Serious Adverse Events (SAE)

Dose Parameter (%)	Sunitinib N=238	Capecitabine N=240
Median relative dose intensity	73	95
Dose reductions/interruptions	28/52	35/46
Discontinuations due to AEs Related to study drug	15 11	9 5
All-Causality SAEs (%)		
Patients with any SAE	30	17
Diarrhea	2	3
Dyspnea	2	2
Pleural effusion	2	3
Pneumonia	2	0
Thrombocytopenia	2	<1

Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®

Conclusions

- The primary endpoint of improved PFS was not met in patients with ABC when sunitinib monotherapy was compared to capecitabine.
  - Median PFS: sunitinib 2.8 mo vs capecitabine 4.2 mo
- No statistically significant difference in overall survival (OS) was observed.
  - OS: sunitinib, 15.3 mo vs capecitabine, 24.6 mo (p = 0.35)
- No new safety-related events were identified
- The sunitinib relative dose intensity administered may have been inadequate.
  - Median dose intensity: sunitinib 73% vs capecitabine 95%
- Anti-angiogenic approach in BC may require a chemotherapy partner.

Barrios C et al. SABCS 2009;Abstract 46.

Research To Practice®