

Patterns of Care in Medical Oncology

Treatment of Triple-Negative
Metastatic Disease

Clinical Scenario 13: A postmenopausal woman received dose-dense AC → T 2 years ago for a 2.1-cm, ER/PR/HER2-negative IDC with 3 positive nodes. She now presents with pulmonary nodules and multiple hot spots on bone scan. She is asymptomatic.

Would you generally obtain a biopsy on one of the metastases in this case if the patient's age was:

	60 years old	75 years old
Yes	74%	56%
It's optional but not necessary	18%	30%
No	8%	14%

Clinical Scenario 14: A postmenopausal woman received dose-dense AC → T 2 years ago for a 2.1-cm, ER/PR/HER2-negative IDC with 3 positive nodes. She now presents with pulmonary nodules and multiple hot spots on bone scan. Lung biopsy is consistent with the primary tumor.

Which of the following systemic treatments, if any, would you most likely recommend in this case if the patient's age was:

	Asymptomatic		Symptomatic	
	60 years old	75 years old (n = 94)	60 years old	75 years old
Taxane/bevacizumab	44%	31%	48%	38%
Taxane alone or combined with other chemo	24%	27%	25%	26%
Capecitabine	14%	18%	4%	12%
Other single-agent chemo	3%	5%	5%	10%
Other	15%	19%	18%	14%

Approximately how many of your patients who have received treatment with bevacizumab experienced...

No complications or side effects	14
Some complications (eg, hypertension, 1+ proteinuria)	5
Major complications (eg, bowel perforation)	0

Median values reported: n = 99

Which of the following best describes your perspective on the potential clinical benefit-risk ratio of bevacizumab (in combination with chemotherapy) in metastatic breast cancer?

Positive, favorable	28%
Modest but humanly important	50%
Minimal or negative; likely not supportive of use	22%

Meta-analysis of patients with triple-negative disease from 3 randomized trials of bevacizumab and first-line chemotherapy as treatment for metastatic breast cancer (n = 621)

Outcome	Bevacizumab + chemotherapy (n = 363)	Chemotherapy alone (n = 258)	Hazard ratio*	p-value
Objective response	42%	23%	—	<0.0001
Progression-free survival (PFS), events	71%	75%	0.649	<0.0001
Median PFS	8.1 months	5.4 months	—	—
Overall survival (OS), events	68%	67%	0.959	0.6732
Median OS	18.9 months	17.5 months	—	—
One-year OS rate	70.9%	64.8%	—	0.1140

* Unstratified analysis

A postmenopausal woman received dose-dense AC → T 2 years ago for a 2.1-cm, ER/PR/HER2-negative IDC with 3 positive nodes. She then presents with pulmonary nodules and multiple hot spots on bone scan causing diffuse bone pain and some dyspnea and receives nanoparticle albumin-bound (nab) paclitaxel and bevacizumab off protocol. She now has progressive disease in her liver and bone.

Which chemotherapy, if any, would you most likely recommend for the patient at this time if the patient experienced...

	Partial tumor response, pain control for 9 months
Capecitabine	38%
Ixabepilone	22%
A platinum agent	12%
Gemcitabine	12%
Eribulin mesylate (on protocol)*	8%
Other	8%

* This use of eribulin mesylate had not been approved by the FDA at the time of this survey in October 2010.

Which chemotherapy, if any, would you most likely recommend for the patient at this time if the patient experienced...

	Stable disease for 4 months
Capecitabine	34%
Ixabepilone	27%
A platinum agent	10%
Gemcitabine	10%
Eribulin mesylate (on protocol)*	8%
Other	11%

* This use of eribulin mesylate had not been approved by the FDA at the time of this survey in October 2010.

Would you continue the bevacizumab with this chemotherapy?

	Partial tumor response, pain control for 9 months	Stable disease for 4 months
Yes	27%	21%
No	73%	79%

Pooled analysis of 2 Phase III trials evaluating ixabepilone (ixa) with or without capecitabine for patients with triple-negative metastatic breast cancer

	Capecitabine	Capecitabine + ixa	Hazard ratio	p-value
Overall response rate (n = 208, 191)	15%	31%	—	—
Median progression-free survival (n = 208, 191)	1.7 mo	4.2 mo	0.63	<0.0001
Median overall survival (n = 230, 213)	9.0 mo	10.3 mo	0.87	0.1802

A postmenopausal woman received dose-dense AC → T 2 years ago for a 2.1-cm, ER/PR/HER2-negative IDC with 3 positive nodes. She now presents with pulmonary nodules and multiple hot spots on bone scan.

If a PARP inhibitor were available for this patient, either on or off study, would you recommend it for the patient?

	Asymptomatic		Symptomatic	
	60 years old	75 years old	60 years old	75 years old
Yes	58%	57%	63%	62%
Not now, later line	25%	29%	25%	23%
No	8%	6%	5%	6%
I am not familiar enough with PARP inhibitors	9%	8%	7%	9%

The patient's family history is negative for breast and ovarian cancer. Would you test this patient for BRCA mutations?

% responding yes	17%	7%
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Final efficacy results of the Phase II trial of iniparib (BSI-201) in combination with gemcitabine/carboplatin (gem/carbo) for patients with metastatic triple-negative breast cancer

Clinical variable	Gem/carbo (n = 62)	Iniparib/gem/carbo (n = 61)	p-value*
ORR	32%	52%	0.02
CBR	34%	56%	0.01
Median PFS	3.6 mo	5.9 mo	0.01
Median OS	7.7 mo	12.3 mo	0.01

* Not adjusted for multiple interim analyses

ORR = objective response rate; CBR = clinical benefit rate;

PFS = progression-free survival; OS = overall survival