

EFFICACY AND SAFETY OF TRASTUZUMAB IN COMBINATION TO ORAL VINOURELBINE IN METASTATIC BREAST CANCER OVER EXPRESSED HER2: A RETROSPECTIVE STUDY

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Abstract

Introduction : chemotherapy (CT) plus trastuzumab (H) is the standard first line treatment for HER2-positive MBC . Trastuzumab plus vinorelbine regimen is among the most active and well-tolerated options in this setting. The all-oral CT combination has shown activity and good tolerance in MBC. The aim of our study is to analyze the epidemiological and clinical data ; and to evaluate effectiveness safety and tolerance of trastuzumab plus oral vinorelbine in MBC HER2+ .

Methods: we retrospectively reviewed all patients with HER2+ MBC who received oral vinorelbine with trastuzumab at our institution between January 2015 and March 2019 .

Vinorelbine was given as a 80mg/m² dose(following a first cycle at 60mg/m² D1&D8 every 3weeks, trastuzumab at 8mg/kg on D1 (loading dose) then 6mg/kg iv every 3weeks.

Results: we identified 66 patients treated from January 2015 to March 2019 . Median age was 43 years (32-75) (60%≤50Y). All patients had invasive ductal histology. All tumours were HER2+ by immunohistochemistry and 65% were HR negative.

Other pts characteristics were: prior (neo)adjuvant CT 80%;prior trastuzumab 55%; visceral involvement 65% ; ≥2 metastatic sites 50%; median number of vinorelbine administrations 17 (range 9-32); 65% of pts received more than 6cycles.

Adverse events: G1/2: neutropenia 25%, vomiting 15%, asthenia 10% and LVEF decline 10%.
Efficacy: objective response rate 80%, CR15%, PR

35%, SD 30%, PD 20%. Median progression-free survival was 12 months (2, 5-34)

Conclusion: The oral regimen of vinorelbine with trastuzumab has shown high anti-tumoral efficacy in pts with HER2-positive MBC. Toxicity profile was acceptable, with in particular, a very low rate of alopecia. Full treatment could be maintained until progression of the disease in the majority of pts.

Keyword: Medical Oncology Service Oran