症例4

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転移・再発乳癌に対する化学療法、特に二次 治療や三次治療では、単剤順次投与が有用 である可能性がある。(推奨グレードC)



本例ではどうでしょうか。

本例では?

- 患者さんはQOLよりも延命優先を希望
- 再発後一次治療
- Triple negativeかつ、再発までの期間2年以内
 - →術後FEC療法は効いていない可能性が高い。
 - →経過からは予後不良と予想される。

単剤 VS 併用

Superior Survival With Capecitabine Plus Docetaxel Combination Therapy in Anthracycline-Pretreated Patients With Advanced Breast Cancer: Phase III Trial Results

By Joyce O'Shaughnessy, David Miles, Svetislava Vukelja, Vladimir Moiseyenko, Jean-Pierre Ayoub, Guadalupe Cervantes, Pierre Fumoleau, Stephen Jones, Wing-Yiu Lui, Louis Mauriac, Chris Twelves, Guy Van Hazel, Shailendra Verma, and Robert Leonard

Purpose: Docetaxel and capecitabine, a tumor-activated oral fluoropyrimidine, show high single-agent efficacy in metastatic breast cancer (MBC) and synergy in preclinical studies. This international phase III trial compared efficacy and tolerability of capecitabine/docetaxel therapy with single-agent docetaxel in anthracycline- pretreated patients with MBC. Patients and Methods: Patients were randomized to 21-day cycles of oral capecitabine 1,250 mg/m2 twice daily on days 1 to 14 plus docetaxel 75 mg/m2 on day 1 (n_ 255) or to docetaxel 100 mg/m2 on day 1 (n_ 256).

Results: Capecitabine/docetaxel resulted in significantly superior efficacy in time to disease progression (TTP) (hazard ratio, 0.652; 95% confidence interval [CI], 0.545 to 0.780; P .0001; median, 6.1 v 4.2 months), overall survival (hazard ratio, 0.775; 95% CI, 0.634 to 0.947; P .0126; median, 14.5 v 11.5 months), and objective tumor response rate (42% v 30%, P .006) compared with docetaxel. Gastrointestinal side effects and hand-foot syndrome were more common with combination therapy, whereas myalgia, arthralgia, and neutropenic fever/sepsis were more common with singleagent docetaxel. More grade 3 adverse events occurred with combination therapy (71% v 49%, respectively), whereas grade 4 events were slightly more common with docetaxel (31% v 25% with combination).

Conclusion: The significantly superior TTP and survival achieved with the addition of capecitabine to docetaxel 75 mg/m2, with the manageable toxicity profile, indicate that this combination provides clear benefits over single-agent docetaxel 100 mg/m2. Docetaxel/ capecitabine therapy is an important treatment option for women with anthracycline-pretreated MBC.

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DTX+cape > DTX
→しかし、cross-overが不十分との指摘あり

→本例でも経過が早く、後治療の機会がない可能 性あり。 ・転移・再発乳癌でのメタアナリシス解析で、併用化学療法の方が生存率の改善を認める。とくに、転移・再発の一次治療では、併用療法の方が22%のハザード比の改善を認めた。

(2005 Chocrane Library Systematic review)

•Triple negative 症例での再発後の生存期間は短い。

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- 患者さんの希望
- Triple negative症例に対しての標準的レジメンは存在しないが、通常の単剤、sequentialの治療では治療効果は望めない可能性が高い。

この状況で、ガイドライン通りに 単剤でsequentialの治療を選択する価値 はあまりないのでは?