

Phase III Trial Shows Improved Progression-Free Survival With Fulvestrant vs Anastrozole in Advanced Breast Cancer



By Matthew Stenger

March 10, 2017

[Tweet this page](#)



In the international phase III FALCON trial, reported in *The Lancet*, **John F.R. Robertson, MD**, of the University of Nottingham, United Kingdom, and colleagues found that progression-free survival was improved with intramuscular fulvestrant (Faslodex) vs oral anastrozole in endocrine therapy-naive women with hormone receptor (HR)-positive locally advanced or metastatic breast cancer.¹

Study Details

In the double-blind trial, 462 patients from 113 sites in 20 countries in Asia, Europe, North America, South America, and South Africa were randomly assigned between October 2012 and July 2014 to receive fulvestrant (n = 230) or anastrozole (n = 232). Fulvestrant was given as 500-mg intramuscular injections on days 0, 14, 28, and every 28 days thereafter; anastrozole was given at 1 mg orally daily. The primary endpoint was progression-free survival in the intent-to-treat population.

For the fulvestrant and anastrozole groups, median age was 64 and 62 years (47% and 39% ≥ 65 years); 76% and 75% were white, and 16% and 15% were Asian; time from diagnosis was ≥ 1 year for 30% and 29%; 76% and 77% were estrogen receptor- and progesterone receptor

“ Fulvestrant has superior efficacy and is a preferred treatment option for patients with hormone receptor –positive locally advanced or metastatic breast cancer who have not received previous endocrine therapy compared with a third-generation aromatase inhibitor, a standard of care for first-line treatment of these patients.

— John F.R. Robertson, MD, and colleagues

–positive; 88% and 86% had metastatic disease; 59% and 51% had visceral disease; 84% and 84% had measurable disease; 16% and 19% had received chemotherapy for locally advanced or metastatic disease; and 23% and 22% had received radiotherapy.

Progression-Free Survival

Median progression-free survival was 16.6 months (95% confidence interval [CI] = 13.83–20.99 months) in the fulvestrant group vs 13.8 months (95% CI = 11.99–16.59 months) in the anastrozole group (hazard ratio [HR] = 0.797, (95% CI = 11.99–16.59 months) in the anastrozole group (hazard ratio [HR] = 0.797, 95% CI = 0.637–0.999, $P = .0486$). Among patients with measurable disease, an objective response was observed in 46% (89/193) of fulvestrant recipients and 45% (88/196) of

anastrozole recipients (odds ratio = 1.07, 95% CI = 0.72–1.61, $P = .7290$); the median duration of response was 20.0 (95% CI = 15.90–27.63) vs 13.2 (95% CI = 10.64–16.72) months.

Hormone Therapy in Advanced Breast Cancer

- Fulvestrant improved progression-free survival vs anastrozole among patients with no prior endocrine therapy.
- The benefit of fulvestrant vs anastrozole was more marked in patients with nonvisceral disease.

The magnitude of progression-free survival benefit with fulvestrant was consistent across most prespecified subgroups, except for patients with previous chemotherapy for locally advanced or metastatic disease, patients with nonmeasurable disease, patients who were not estrogen receptor- and progesterone receptor –positive, and patients with visceral disease. For example, hazard ratios were 0.59 (95% CI = 0.42–0.84; median progression-free survival = 22.3

[95% CI = 16.62–32.79] vs 13.8 months [95% CI = 11.04–16.59]) among patients with nonvisceral disease and 0.99 (95% CI = 0.74–1.33; median progression-free survival = 13.8 [95% CI = 11.04–16.53] vs 15.9 [95% CI = 11.27–16.89]) among those with visceral disease (post hoc interaction test $P = .0092$).

Median overall survival could not yet be calculated. At data cutoff, death had occurred in 29% of the fulvestrant group vs 32% of the anastrozole group (HR = 0.88, 95% CI = 0.63–1.22, $P = .4277$).

Adverse Events

The most common adverse events of any grade were arthralgia (17% in fulvestrant group vs 10% in anastrozole group) and hot flushes (11% vs 10%). Grade ≥ 3 adverse events occurred in 22% vs 18%. Serious adverse events occurred in 13% vs 13%. Adverse events of special interest—ie, joint disorders and back pain—occurred in 26% vs 18%. Adverse events led to discontinuation of treatment in 7% vs 5%. A total of 3% of patients in each group died, but none of the deaths were considered to be related to study treatment.

The authors concluded: “Fulvestrant has superior efficacy and is a preferred treatment option for patients with hormone receptor–positive locally advanced or metastatic breast cancer who have not received previous endocrine therapy compared with a third-generation aromatase inhibitor, a standard of care for first-line treatment of these patients.” ■

Disclosure: The study was funded by AstraZeneca. For full disclosures of the study authors, visit www.thelancet.com.

Reference

1. [Robertson JF, Bondarenko IM, Trishkina E, et al: Fulvestrant 500 mg versus anastrozole 1 mg for hormone receptor–positive advanced breast cancer \(FALCON\): An international, randomised, double-blind, phase 3 trial. Lancet 388:2997–3005, 2016.](#)

Related Articles

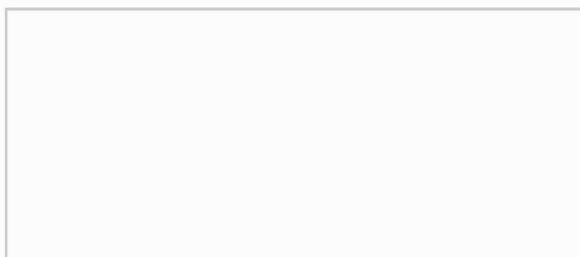
FALCON Trial Informs the Evolving Role of Fulvestrant in Advanced Hormone Receptor–Positive Breast Cancer

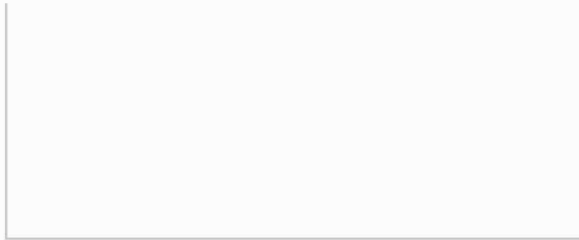


Aman U. Buzdar, MD,
FACP

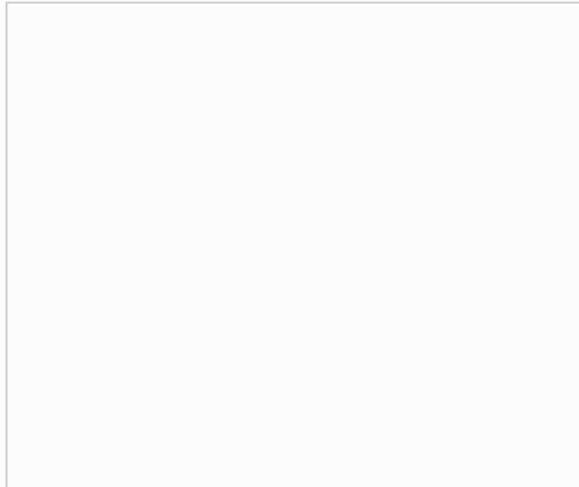
Endocrine therapy for breast cancer has evolved over the years. Initial endocrine therapies consisted of ablative procedures (oophorectomy, adrenalectomy, and hypophysectomy). With the availability of pharmaceutical estrogens, progestins, and androgens, ablative...

ADVERTISEMENT





ADVERTISEMENT



MAR
28 TODAY IN ONCOLOGY

ASCO and Cancer Care Ontario Update Guideline on Radiation Therapy for Prostate Cancer

New Study Finds That Most Cancer Mutations Are Due to Random DNA Copying Errors

Hypofractionated vs Conventional Radiotherapy for Localized Prostate Cancer

Impact of 70-Gene Signature on Adjuvant Chemotherapy Decisions in Breast Cancer

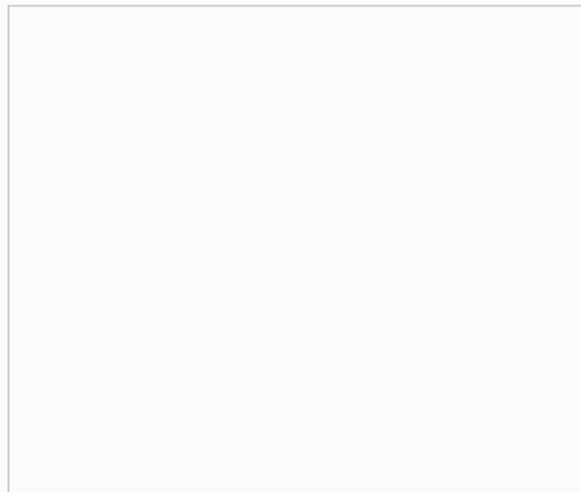
Analysis of High-Risk Subgroup in ASSURE Trial of Sunitinib or Sorafenib in Renal Cell Carcinoma

New Supportive Care Resources From NCCN Help Patients With Cancer Confront Distress

Major Pharmaceutical Companies Collaborate in NCCN Research Project

Delays in Radiotherapy for Head and Neck Cancer in Insured and Indigent Populations

ADVERTISEMENT



MOST READ STORIES

ASCO Releases Its *State of Cancer Care in America: 2017* Report

 Jennifer Ho, MD, on Thoracic Cancers: Reirradiation With IMPT

FDA Approves Avelumab for Metastatic Merkel Cell Carcinoma

Adding Temozolomide to Short-Course Radiotherapy in Older Patients With Glioblastoma

Dexamethasone Mouthwash in Preventing Everolimus-Related Stomatitis in Women With Breast Cancer

Pembrolizumab Affords Long-Term Survival to One-Fourth of Selected Patients With NSCLC, Alternative Statistical Model Suggests

 Shraddha M. Dalwadi, MBA, on Stage I NSCLC: Racial Disparities in Treatment and Outcome

Implications of SWOG S0777 and the Future of Combination Treatments for Multiple Myeloma

Association of Metformin Use for Diabetes With Outcomes in HER2-Positive Breast Cancer

CAR T-Cell Therapy Emerging in Multiple Myeloma

Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.