



Abraxane Beats Standard Breast Cancer Treatment

Study Shows Abraxane Works Better Than Standard Chemotherapy for Metastatic Breast Cancer

By Charlene Laino

FROM THE WEBMD ARCHIVES 

June 3, 2009 (Orlando, Fla.) -- For women with breast cancer that has spread to other parts of the body, the chemotherapy drug Abraxane works better, and with fewer side effects, than the standard drug treatment, a new study suggests.

Abraxane prolonged the time to cancer progression by nearly seven months, compared with standard Taxotere, says study head William Gradishar, MD, director of breast medical oncology at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago.

"The findings support the use of Abraxane as first-line therapy for women with metastatic breast cancer," he tells WebMD.

The study was published in the May 26 issue of the *Journal of Clinical Oncology*.

At the annual meeting of the American Society of Clinical Oncology (ASCO) here this week, breast cancer specialists like Jennifer K. Litton, MD, of the University of Texas M.D. Anderson Cancer Center in Houston, told WebMD that the data support what they have been doing in their practices.

Abraxane is approved to treat metastatic breast cancer after other treatments have failed, but more and more doctors are using it as a first treatment for breast cancer that has spread, Litton says.

"Abraxane is very well-tolerated, with fewer side effects [than Taxotere]."

Taxotere and Abraxane are both members of a class of drugs known as taxanes. The major difference: Taxotere needs to be dissolved in a chemical solvent to create a liquid that can be injected into the bloodstream, Litton says.

"Many people can have a severe allergic reaction to the chemical solvent that is used with Taxotere. Also, you may have to premedicate patients with steroids, which have their own



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The chemical solvents can also cause a drop in the white blood cell count and numbness or tingling in the fingertips, Gradishar says.

In contrast, Abraxane uses a human protein to create a fatty envelope to deliver the chemotherapy, Litton says, and the use of chemical solvents is avoided.

Abraxane vs. Breast Cancer

The new study involved 302 women with previously untreated advanced metastatic breast cancer.

WebMD Health News | Reviewed by Louise Chang, MD on June 03, 2009

Sources

SOURCES:

American Society of Clinical Oncology Annual Meeting 2009, Orlando, Fla., May 29-June 2, 2009.

William Gradishar, MD, director, breast medical oncology, Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago.

Jennifer K. Litton, MD, assistant professor, department of breast medical oncology, University of Texas M.D. Anderson Cancer Center, Houston.

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They women were randomly assigned to one of four treatment groups. Three groups were administered Abraxane, given one of three ways: every three weeks, weekly at a lower dose for three weeks with the fourth week off, or weekly at a higher dose for three weeks with the fourth week off. The fourth group was given Taxotere at the standard dose every three weeks.

Results showed that Abraxane worked best when given weekly, at either dose, with the fourth week off.

Women in all three Abraxane groups suffered less fatigue and were less likely to have dangerous drops in their white blood cell counts than those on Taxotere.

The bottom line: The weekly schedule is the way to go, the experts agree.

"The weekly schedule of Abraxane has more antitumor effects and is better tolerated than Taxotere. There is also evidence that Abraxane is able to deliver the chemotherapy drug more effectively to the tumor," Gradishar says.

A larger, longer study comparing the same drugs is planned.

The study was supported by Abraxis BioScience, which manufactures Abraxane. Gradishar is a member of the advisory boards for Abraxis and Sanofi-Aventis U.S., which manufactures Taxotere.

At the ASCO meeting, another study showed that a one-two punch with Abraxane and the targeted cancer drug Avastin is safe and packs a strong punch against metastatic breast cancer.



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"It's important to have safety data, and this shows the combination is very well tolerated," Litton says.

Other research has suggested that the Abraxane-Avastin combo may be more effective than Abraxane alone, but further study is needed to confirm that and flesh out the best way to give the drugs, she says.

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