

## In reply to Kadri Altundag

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The NorCap-CA223 trial compared first-line all-oral NORCAP combination (VNR and CAPE) versus two different taxane-based chemotherapy regimens, namely gemcitabine/paclitaxel (GEMPAC), or gemcitabine/docetaxel (GEMDOX) for HER2-negative metastatic breast cancer. In the above mentioned trial, both Vinorelbine and Capecitabine were administered at standard schedules and doses: as described by Authors, patients received oral vinorelbine 60 mg/mq<sub>2</sub> on days 1 and 8 of cycle 1, increased to 80 mg/mq on days 1 and 8 from cycle 2 onward in the absence of Grade 3 or 4 toxicity in cycle 1, in combination with capecitabine 1000 mg/mq twice daily on days 1–14 of each cycle.

In the VICTOR-2 study, both Vinorelbine and Capecitabine have been administered at metronomic schedules and doses (Vinorelbine 40 mg three times per week and Capecitabine 1500 mg/day, continuously): so far, we can confirm that the VICTOR-2 study is actually the first multicenter prospective trial testing the fully oral metronomic combination of VNR and CAPE in a population of advanced HER2-negative breast cancer patients.

The key difference between the two studies is the metronomic administration of both drugs.

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On behalf of the VICTOR Study Group

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