First-line all-oral NORCAP (vinorelbine/capecitabine) might be alternative to taxane-based chemotherapy for HER2-negative metastatic breast cancer

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To the Editor,

I read with great interest the article by Cazzaniga et al. [1] in which they investigated metronomic chemotherapy with oral vinorelbine (mVNR) and capecitabine (mCAPE) (VICTOR-2 study) as a first- or second-line treatment in advanced HER2-negative breast cancer patients. The primary endpoint was the clinical benefit rate (CBR); secondary endpoints were toxicity, objective response rate (ORR), and progression-free survival (PFS). Eighty patients were evaluable for the primary efficacy analysis. Median age was 65.3 years; most patients had HR-positive tumors (65%). The CBR was 45.7 and 51.1% in first- and $\geq$ second-line therapy, respectively. The ORR was 35.5% in first line and 25.6% in $\geq$ second line. The median duration of response was 11.3 and 6.4 months and PFS rates at 1 year were 24.3 and 22.2%, respectively. The authorst noted that the VICTOR-2 study is 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 with prespecified analyses of efficacy and safety according to biological subtype, line of treatment, and site of metastatic disease. However, the recent phase II NorCap-CA223 trial [2] compared the first-line all-oral NORCAP (VNR and CAPE) versus two different taxane-based chemotherapy gemcitabine/paclitaxel

(GEMPAC) or gemcitabine/docetaxel (GEMDOX) for HER2-negative metastatic breast cancer. Median age was 56–58. The CBR was 73% with NORCAP (36 of 49 patients), 78% (with GEMPAC (39 of 50 patients), and 80% with GEMDOC (40 of 50 patients). ORR were 33% (16 of 49 patients), 24% (12 of 50 patients), and 50% (25 of 50 patients), respectively; median PFS was 7.6, 9.0, and 11.4 months, respectively. Median overall survival was 30–31 months with all regimens. In conclusion, all-oral NORCAP is an active first-line chemotherapy regimen and might be offered as an alternative to first-line taxane-based therapy for HER2-negative metastatic breast cancer.

References

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