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Lapatinib-based therapy for women with advanced/metastatic HER2+ breast cancer.

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Abstract Disclosures

Abstract

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Background: Lapatinib (L) in combination with capecitabine (C) is approved for patients withadvanced/metastatic Her2+ breast cancer (A/MHer2+BC) after progression on Trastuzumab (T) based therapy. Single agent L and L in combination with other agents are also in use. Here we report our experience with L based therapy in this setting. To our knowledge there are no previous reports from the Middle East investigating this treatment strategy in multi-centre setting. **Methods:** 67 consecutive patients from 5 centres in western province of Saudi Arabia received L based therapy. 58 (87%) received L with C, 7 (10%) with other agents and 2 (3%) as single agent. The first patient started treatment with LC in February 2008 and the last in June 2013. Starting dose of L was 1250 mg daily and of C 1250 mg/m2 twice a day on days1-14 every 3 weeks. Data was collected from patients' records retrospectively. **Results:** Median age at primary diagnosis of breast cancer was 46 (22-70) years. 38 (57%) received adjuvant chemotherapy and 26 of them (68%) received adjuvant T based chemotherapy. 58/67 (87%) received palliative chemotherapy regimens (1-3 lines) prior to L (57/58: were T based regimens). 64 patients were evaluable for response to L based therapy. 5 (8%) had CR, 36 (56%) had PR, 11 (17%) had stable disease and 12 (19%) had PD.Objective response to LC combination in evaluable patients was 36/56 (64%). Median PFS was 10 months (95% CI: 7.8-12.2). Median OS was 27 months (95% CI: 12-41). 13 (19%) patients required L dose delay for > one week and 9 (13%) required L dose reduction. At final analysis, 36 patients progressed and remained on FU. 19/36 (53%) received at least one subsequent line of chemotherapy with 26% objective response rate. **Conclusions:** In this small retrospective study, L based therapy is an effective treatment for women with A/MHer2+BC after prior exposure to T. In this setting, it yields meaningful response rates, PFS and OS. Dose delay is required for a relatively small subset of patients. L based therapy does not limit feasibility of subsequent chemotherapy and its benefit.