Publications

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Letter to Editor

Gemcitabine –Vinorelbine - Bevacizumab, for Bone Metastases from Breast Cancer

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1. Absract

Bone is an important site of metastatic breast cancer, is an incurable and heterogenous disease, with psychological and economic burden on the patients and having treatment strategy in this phase of the disease is important for the oncologists to have precise management of the patients. Here, the phrase, bone only metastatic breast cancer defined clinically as the bone is the main clinical presentation of the patient and bulk of the disease.

2. Methods

Nineteen metastatic breast cancer patients ages between 45-68 years old, heavily treated previously with diverse chemotherapy regimens considered for a six courses of chemotherapy as a palliative and least toxic regimens. The aim of treatment was to control the activity of bulk of metastatic tumor cells in the bone and to give the least toxic effects to patients and to have good quality of pain free life with absence of alopecia and diarrhea and other organ toxicities

The patients considered for the treatment with, Gemcitabine 1gram/m2 and vinorelbine 25mg/m2 and bevacizumab as a fixed dose of 400mg, all three drugs given with a three weeks interval for a total of six courses. Seventeen was estrogen receptor positive and three with Here2 positive and two triple negative cases was present. Granulocyte stimulating factor 300micgm given one dose, forty eight hours after the chemotherapy .ant hormone therapy continued in the hormone positive patients. Nausea and vomiting as a mild degree seen only in one case, no febrile episodes seen in any patients.

The average number of previous chemotherapy regimen was six, the bone was the predominant site of metastasis.

3. Results

The minimum time to clinical response was fourteen days, pain and motion controlled in all cases. Average onset of response was ten days, average duration of response was two hundreds twenty days, in no anyone cases deterioration of clinical course or fracture seen. The bone care given with zoledronic acid and denozumab and calcium supplement and nasal calcitonin controlled the bone symptoms in all cases .No major hematologic toxicity seen in these groups of patients except one ,all cases psychologically was adherent to the regimen and continued treatment completely and had sense of well-being in eighteen cases.

4. Discussion

Metastatic bone disease from breast cancer is a challenge in cancer medicine and finding the best mode of chemotherapy with good quality of life is the main therapeutic plan for medical oncologist, here it is considered the triple antitumor therapy containing anti-angiogenesis drug to control the remotes site of metastasis such as bone with trying to increase the efficacy of the gemcitabine and vinorelbine regimen ,this clinical data showed the good quality of life with acceptable duration of disease control and with minimal toxicity profile .this type of chemotherapy regimen can change the clinical course of the case positively, here, the bone was the best target and effectively responded to this regimen. The therapeutic power of this regimen was high and with short onset of response this is a good option with bone only metastatic breast cancer. It was interesting that this combination stabilized the course of the metastatic breast cancer after the inactive post chemotherapy period, the patients can be considered for the other oral or parenteral chemotherapy regimens even recurrence seen in clininal follow-up. This combination chemotherapy with antiangiogenesis theoretically decreases the dissemination of tumor cells from bone to life threatening sites such as brain and others and from this aspect potentially can decrease tumor dissemination and increase survival and change the natural history

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of metastatic breast cancer, also this therapeutic regimen can be applied to other entities of metastatic breast cancer such as brain and skin or visceral metastasis [1-6].

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