BREAST

Country: Europe, Africa, South America, Middle East

Group: Breast European Adjuvant Studies Team (BREAST)

Chair: M.J. Piccart

Jules Bordet Institute Medical Oncology Clinic Rue Héger-Bordet 1 B-1000 BRUSSELS

BELGIUM

Tel: +32 2 541 3206 Fax: +32 2 538 0858

Email: Martine.piccart@bordet.be

Data Center: Jules Bordet Institute

BREAST Operational Office Boulevard de Waterloo 121

B-1000 BRUSSELS

BELGIUM

Tel: +32 2 541 3181 Fax: +32 2 541 3090 Email: breast@bordet.be

Website: www.br-e-a-s-t.org

Title:

An intergroup phase III trial to evaluate the activity of docetaxel, given either sequentially or in combination with doxorubicin, followed by CMF, in comparison to doxorubicin alone or in combination with cyclophosphamide, followed by CMF, in the adjuvant treatment of node-positive breast cancer patients.

BIG 02-98/TAX 315

Coordinator(s): C. Bernard

Dules Bordet Institute
BREAST Operational Office
Rue Héger Bordet 1
B-1000 BRUSSELS

BELGIUM

Tel: +32 2 541 3180 Fax: +32 2 541 3090 Email: breast@bordet.be

M.J. Piccart
Jules Bordet Institute
Medical Oncology Clinic
Rue Héger Bordet 1
B-1000 BRUSSELS
BELGIUM

Tel: +32 2 541 3206 Fax: +32 2 538 0858

Email: martine.piccart@bordet.be

J. Crown St Vincent's Hospital Flm Park

DUBLIN 4 IRELAND

Tel: +353 1 209 4895 Fax: +353 1 283 7719 Email: john.crown@icorg.ie

P. Francis

Peter MacCallum Cancer Institute St Andrews Place 3002 East Melbourne, VIC

AUSTRALIA

Tel: +61 3 9656 1700 Fax: +61 3 9656 1408

Email: pfrancis@petermac.unimelb.edu.au

Summary:

Opened in June 1998

Target accrual: 2730 patients

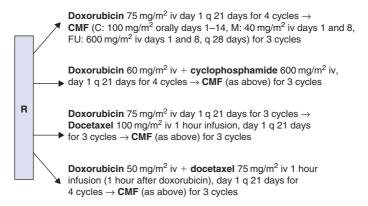
Primary Objectives:

- To compare disease-free survival of an adjuvant treatment with doxorubicin followed by docetaxel, followed by CMF to doxorubicin followed by CMF in operable breast cancer patients with positive axillary lymph nodes.
- To compare disease-free survival of an adjuvant treatment with docetaxel in combination with doxorubicin followed by CMF to doxorubicin in combination with cyclophosphamide followed by CMF in operable breast cancer patients with positive axillary lymph nodes.

Secondary Objectives:

- To compare disease-free survival of an adjuvant treatment with docetaxel given either sequentially or in combination with doxorubicin and followed by CMF to doxorubicin alone or in combination with cyclophosphamide and followed by CMF in operable breast cancer patients with positive axillary lymph nodes.
- To compare disease-free survival of an adjuvant treatment with doxorubicin followed by docetaxel, followed by CMF to doxorubicin in combination with docetaxel followed by CMF in operable breast cancer patients with positive axillary lymph nodes (sequential monochemotherapy versus polychemotherapy).
- To compare overall survival of treatment arms.
- To compare toxicity of treatment arms.
- To evaluate pathologic and molecular markers for predicting efficacy.
- Socioeconomic data will be collected in order to be able to perform a socioeconomic analysis by country, when needed.

Scheme:



Tamoxifen 20 mg/day for 5 years if ER and/or PgR positive

Radiotherapy:

Radiotherapy mandatory in case of breast-conservative surgery; allowed in case of mastectomy, according to the policy in use at each participating center.

Update: • Trial closed 26 June 2001.

• Total patients randomized: 2890.

Related Publications:

None available

Topics: • Taxanes

Node-positive breast cancer

Anthracyclines

Keywords: None available

Title:

HERA: A randomized three-arm multi-centre comparison of 1 year and 2 years of Herceptin versus no Herceptin in women with HER2positive primary breast cancer who have completed adjuvant chemotherapy.

BIG 01-01/B016348

Coordinator(s): M.J. Piccart

Jules Bordet Institute Medical Oncology Clinic Rue Héger-Bordet 1 B-1000 BRUSSELS

BFI GIUM

Tel: +32 2 541 3206 Fax: +32 2 538 0858

Email: martine.piccart@bordet.be

Summary:

Primary Objectives:

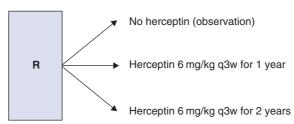
- To compare disease-free survival (DFS) in patients with HER2 overexpressing breast cancer who have been randomized to Herceptin for 1 year versus no Herceptin.
- To compare DFS in patients with HER2 overexpressing breast cancer who have been randomized to Herceptin for 2 years versus no Herceptin.

Secondary Objectives:

- To compare overall survival (OS) in patients randomized to: (i) Herceptin for 1 year or no further therapy and (ii) Herceptin for 2 years or no further therapy.
- To compare relapse-free survival (RFS).
- To compare distant disease-free survival (DDFS).
- To evaluate the safety and tolerability of Herceptin.
- To compare the incidence of cardiac dysfunction in patients treated and not treated with Herceptin.
- To compare outcomes (DFS, OS, RFS, DDFS, cardiac safety, overall safety) of patients treated with Herceptin for 1 year compared with Herceptin for 2 years.

Scheme: Primary management pre-HERA

(Surgery, [neo-]adjuvant chemotherapy + adjuvant radiotherapy)



Update: • Trial closed 20 June 2005.

• Total number of patients randomized is 5102

Related Martine J. Piccart-Gebhart et al. Trastuzumab after adjuvant

Publications: chemotherapy in HER2-positive breast cancer. New Eng J Med 2005; 353:

1659-1672.

Topics: • HER2 positive patients

Hormone receptor negative breast cancer

Hormone receptor positive breast cancer

Node negative breast cancer

Node positive breast cancer

Trastuzumab

Keywords: None available

Title: BIG2-06 / N063D: Phase III Trial of Trastuzumab and/or Lapatinib in

Patients with HER2+ Breast Cancer (Full title/acronym not available at

time of publication).

Principal Investigators:

M.J. Piccart

Jules Bordet Institute

Medical Oncology Clinic Rue Héger-Bordet 1

B-1000 BRUSSELS

RFI GIUM

Tel: +32 2 541 3206

Fax: +32 2 538 0858

Email: martine.piccart@bordet.be

E.A. Perez

North Central Cancer Treatment Group

Mayo Clinic

4600 San Pablo Rd

Jacksonville, FL 32224

Tel: +1 507 284 1159

Email: perez.edith@mayo.edu

Summary: Primary Objectives:

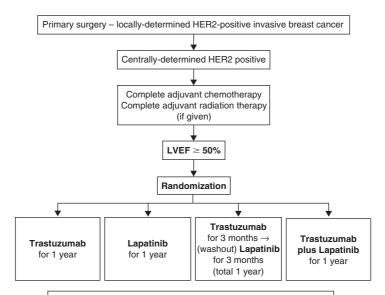
 To compare disease-free survival (DFS) in patients with HER2 overexpressing and/or amplified breast cancer randomized to trastuzumab for 1 year versus lapatinib for 1 year versus a sequence of trastuzumab and lapatinib (1 year total) versus a combination of trastuzumab and lapatinib (1 year total).

Secondary Objectives:

- To compare overall survival (OS) in patients randomized to the four arms.
- To compare time to recurrence (TTR).
- To compare time to distant recurrence (TTDR).
- To evaluate the safety and tolerability of all four treatment groups.
- To compare the cumulative incidence of brain metastases as the first site of breast cancer recurrence.

Target accrual: n = 8000





Patients with ER or PgR-positive tumours receive endocrine therapy Selected according to menopausal status; administered concurrently with biologics and continuing for at least 5 years

Update:

Trial will open for accrual beginning of 2007.

Related Publications:

None available

Topics:

- HER2 positive patients
- Hormone receptor negative breast cancer
- Hormone receptor positive breast cancer
- Node negative breast cancer
- Node positive breast cancer
- Trastuzumab

Keywords:

Phase III, adjuvant breast cancer, HER2+, trastuzumab, lapatinib, herceptin, tykerb

Title:

Phase III Neo-adjuvant trial of lapatinib, trastuzumab and their combination plus paclitaxel in women with HER2/ErbB2 positive primary breast cancer (exact title/ acronym not available at time of publication)
BIG 1-06

Principal Investigators:

J. Baselga

ors: Medical Oncology Service

Vall d'Hebron University Hospital Passeig Vall d'Hebron 119-129

08035 BARCELONA

SPAIN

Tel: +34 93 274 6085 Fax: +34 93 274 6026

Email: jbaselga@vhebron.net

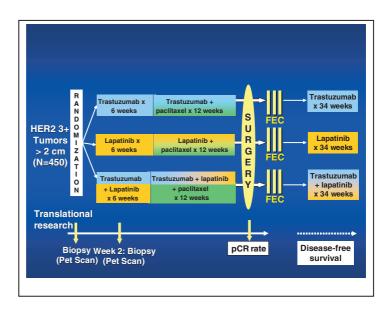
Summary: Primary Objectives:

 To evaluate and compare the rate of pCR at the time of surgery in patients with HER2/ErbB2 overexpressing or amplified operable breast cancer randomized to lapatinib followed by lapatinib plus paclitaxel versus tratsuzumab followed by trastuzumab and paclitaxel versus lapatinib in combination with trastuzumab followed by lapatinib, trastuzumab and paclitaxel

Secondary Objectives:

- To compare the safety and tolerability of the three treatment arms;
- To compare the objective response rate (complete plus partial responses) among the three treatment arms;
- To compare the percent of patients with node-negative disease at surgery among the three treatment arms;
- To compare the rate of conversion to breast conserving surgery among the three treatment arms;
- To compare disease free (DFS) and overall survival (OS);
- To identify the molecular characteristics of responding tumors by immunohistochemical, FISH, genomic and proteomic analysis;
- To study biomarkers expression before and during therapy and establish correlations with clinical outcome;
- To establish associations between PET/CT and tumor response.

Scheme:



Update: • n = 450; trial will open for accrual at the beginning of 2007.

Related Publications:

None available

Topics:

• HER2 positive patients, trastuzumab

Keywords:

Phase III, neo-adjuvant, HER2+, trastuzumab, lapatinib, herceptin, tykerb, paclitaxel