

sensitive tumours, unless it might be reasonably argued that they might be intolerant to or anyway unsuitable for receiving T.

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#### IS ORAL METRONOMIC CYCLOPHOSPHAMIDE (CTX) AN EFFECTIVE PALLIATIVE TREATMENT FOR PATIENTS WITH METASTATIC BREAST CARCINOMA (ABC)? EXPERIENCE FROM A RETROSPECTIVE SERIES OF PATIENTS

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Oral metronomic chemotherapy is a therapeutic option which is particularly attractive for its ease of administration and low toxic burden. Its mechanism of action probably involves an anti-angiogenic effects rather a classical antiproliferative effect like standard maximally tolerated dose-based regimens. Patients and methods: A retrospective analysis of 22 pts with ABC was carried out with the aim of reporting activity in terms of response rate, tumour-related symptoms control, outcome and toxicity. All patients had hormonal therapy-resistant metastatic disease and had previously received two lines of chemotherapy. All patients were treated with oral CTX 50 mg/day without interruption until re-evaluation or progressive disease. Results: An objective response (1 complete and 2 partial responses) was seen in 14% of patients (95%CL 5–28%). Stable disease with a median duration of 5 months (range 3–7months) was recorded in 8 cases (36%; 95%CL 16–56%) for a TGCR of 50%. Symptoms control was achieved in 54% of cases. Toxicity was very mild and easily manageable. No cases of extra-haematological grade 3-toxicity were observed. Grade 3 non-febrile neutropenia were recorded in 9% of cases. Conclusions: Although retrospectively recorded data presented in this study support the use of an oral metronomic chemotherapy in patients with ABC. Relatively mild activity is however seen in heavily pretreated patients without significant side-effects. Further studies are warranted to optimise the treatment schedule and to select patients who may benefit from such an approach.

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