

Breast cancer specialist reports advance in treatment of triple-negative breast cancer

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William M. Sikov, a medical oncologist in the Breast Health Center and associate director for clinical research in the Program in Women's Oncology at Women & Infants Hospital of Rhode Island, served as study chair and lead author for a recently-published major national study that could lead to improvements in outcomes for women with triple-negative breast cancer, an aggressive form of the disease that disproportionately affects younger women.

"Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-Per-Week Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance)" was accepted as a rapid publication and published online this month by the *Journal of Clinical Oncology*. It will come out in print in September.

Because of its rapid growth rate, many women with triple-negative [breast cancer](#) receive chemotherapy to try to shrink it before undergoing surgery. With the standard treatment, the cancer is eliminated from the breast and lymph nodes in the armpit before surgery in about one third of women. This is referred to as a pathologic complete response (pCR). In patients who achieve pCR, the cancer is much less likely to come back, spread to other parts of the body, and cause the patient's death than if the cancer survives the chemotherapy.

Sikov and his collaborators studied the addition of other drugs –

carboplatin and/or bevacizumab – to the standard treatment regimen to see if they could increase response rates. More than 440 women from cancer centers across the country enrolled in this randomized clinical trial.

"Adding either of these medications significantly increased the percentage of women who achieved a pCR with the preoperative treatment. We hope that this means fewer women will relapse and die of their cancer, though the study is not large enough to prove this conclusively. Of the two agents we studied, we are more encouraged by the results from the addition of carboplatin, since it was associated with fewer and less concerning additional side effects than bevacizumab," Sikov explains.

"More studies are planned to confirm the role of carboplatin in women with triple-negative breast cancer, and also to see if we can better identify which of these patients are most likely to benefit from its use. Until we have those results, medical oncologists who treat women with triple-negative breast cancer will have to decide whether the potential benefits of adding carboplatin outweigh its risks for each individual patient."

Triple-negative breast cancer accounts for 15 to 20 percent of invasive breast cancers diagnosed in the United States each year, and is more common in [younger women](#), African-Americans, Hispanics, and BRCA1-mutation carriers. With no identified characteristic molecular abnormalities that can be targeted with medication, the current standard of treatment is chemotherapy.

"Overall prognosis for [women](#) with this type of breast cancer remains inferior to that of other breast cancer subtypes, with higher risk of early relapse," Sikov says.

Provided by Women & Infants Hospital

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