

La Chemioterapia Adiuvante Dose-Dense

Lo studio GIM 2



Alessandra Fabi



GIM 2 study

Epirubicin and Cyclophosphamide (EC) followed by Paclitaxel (T) versus Fluorouracil, Epirubicin and Cyclophosphamide (FEC) followed by T, all given every 3 weeks or 2 weeks, in node-positive early breast cancer (BC) patients (pts). Final results of the Gruppo Italiano Mammella (GIM)-2 randomized phase III study

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Valter Torri
“PM”



“Testimone”

“Giudici”



**“Persona informata
sui fatti”**



Assumption and Background

🎗 Anthracyclines and taxanes are mainstays in treating women with axillary node-positive breast cancer,

🎗 Hryniuk and Levine, first suggested that dose-dense adjuvant CT was correlated to disease-free survival in breast cancer [1]. Based on mathematical modeling of tumor growth [2,3], shortening the interval between treatment cycles from every 3 weeks to 2 weeks, or using a dose-dense schedule, improved the outcome for patients with breast cancer with axillary node-positive disease [4].

🎗 Randomized trials demonstrated a significant survival for pts with LN+ BC breast, treated with dose-dense (2 week intervals) CT + G-CSF support compared to conventional 3-week schedules [4].

🎗 Despite pooled analysis of phase III trials showed that dose-dense CT is superior to standard interval CT, additional data from randomized controlled trials are needed before dose-dense chemotherapy can be considered as the standard of care [5]

🎗 Among the different anthracycline-based regimens commonly used before taxanes, both AC/EC and FAC/FEC are administered and no data are available on the usefulness of adding 5-fluorouracil to AC/EC

¹Hryniuk and Levine, *Clin Oncol* 1986; ²Norton & Simon, *Cancer Treat Reports* 1986, Norton, ³*Cancer Res*, 1988, ⁴Citron et al, *J Clin Oncol* 2003, ⁵Bonilla, *J Nat Cancer Inst* 2010

Aims and statistical considerations

- ✓ The study was aimed at assessing two separate hypotheses:
 - Efficacy and safety of 5-FU in addition to EC->T
 - Efficacy and safety of a dose-dense CT vs conventional CT
- ✓ **Primary end point:** Invasive Disease Free Survival (IDFS) (events: Invasive ipsilateral breast , local/regional recurrence, distant recurrence, Death from any cause, invasive contralateral BC, second primary invasive cancer non breast)
- ✓ **Secondary end points:** Overall survival, toxicity
- ✓ The study was designed to detect a 20% relative reduction in the incidence of relapse, second tumor or death (OR=0.80). Assuming an alpha error of 0.05 (two sided) and a power of 0.80, 635 events were required (2000 pts with an average follow-up of 5.5-6 years)

Study design: FACTORIAL

ARM A EC x 4 cycles -> T x 4 cycles q3 wks	ARM C EC x 4 cycles -> T x 4 cycles q2 wks + Pegfilgrastim
ARM B FEC x 4 cycles -> T x 4 cycles q3 wks	ARM D FEC x 4 cycles -> T x cycles 4 q2 wks + Pegfilgrastim

EC
VS
FEC

q3 wks vs q2 wks

*EC- Epirubicin 90 mg/m² IV bolus, Cyclophosphamide 600 mg/m² IV bolus, every 2 or 3 weeks

*T - Paclitaxel 175 mg/m² IV 3-hour infusion, every 2 or 3 weeks

*FEC - Fluorouracil 600 mg/m² IV bolus, Epirubicin 90 mg/m² IV bolus, Cyclophosphamide 600 mg/m² IV bolus, every 2 or 3 weeks.



*Operable breast cancer
Histologically positive nodes*

2091 Patients randomized

EC q3 wks*
n=545

FEC q3 wks*
n=544

EC q2 wks
n=502

FEC q2 wks
n=500

q3 wks vs q2 wks Comparison

FEC vs EC Comparison

ITT Analysed : 1089 vs 1002 pts

ITT Analysed : 1044 vs 1047 pts

* 5 out of 81 centers choosed to randomize pts only in the 2-arm study (FEC q3 wks vs EC q3 wks)

General overview

• First patient in	24/04/2003
• Last patient in	03/07/2006
• Total patients	2091
• Total number of centers	91
• Centers no pts	10
• Centers with pts	81
(at least 1 randomized pt)	

Patients Characteristics according to Regimen

	EC21		FEC21		EC14		FEC14	
	No Pz	%	No Pz	%	No Pz	%	No Pz	%
Total enrolled	545		544		502		500	
AGE								
Median	51		53		53		51	
Range	24-71		26-71		27-71		25-71	
MENOPAUSAL STATUS								
Pre	281	51.6	245	45.0	232	46.2	263	52.6
Post	264	48.4	299	55.0	270	53.8	237	47.4
SURGERY								
Conservative	338	62.0	320	58.8	298	59.4	313	62.6
Mastectomy	207	38.0	224	41.2	204	40.6	187	37.4
HISTOLOGIC TYPE								
Invasive ductal carcinoma	456	83.7	443	81.4	389	77.5	404	80.8
Invasive lobular carcinoma	53	9.7	76	14.0	65	12.9	64	12.8
Other	36	6.6	25	4.6	48	9.6	32	6.4
TUMOR SIZE								
T1	283	51.9	262	48.2	262	52.2	253	50.6
T2	218	40.0	233	42.8	202	40.2	208	41.6
T3	21	3.9	25	4.6	25	5.0	29	5.8
T4	19	3.5	23	4.2	10	2.0	9	1.8
Unknown	4	0.7	1	0.2	3	0.6	1	0.2
N° of POSITIVE NODES								
1-3	327	60.0	319	58.6	319	63.5	284	56.8
4-9	135	24.8	136	25.0	116	23.1	135	27.0
≥10	83	15.2	89	16.4	67	13.3	81	16.2
Unknown	1	0.2	1	0.2	-	-	-	-

Patients Characteristics according to Regimen

	EC21		FEC21		EC14		FEC14	
	No Pz	%	No Pz	%	No Pz	%	No Pz	%
Total enrolled	545		544		502		500	
HISTOLOGIC GRADE								
Grade 1	32	5.9	28	5.1	37	7.4	40	8.0
Grade 2	236	43.3	238	43.8	225	44.8	240	48.0
Grade 3	275	50.5	275	50.6	235	46.8	218	43.6
Unknown	2	0.4	3	0.6	5	1.0	2	0.4
HER2 STATUS								
HER2+	123	22.6	131	24.1	105	20.9	121	24.2
HER2-	344	63.1	332	61.0	318	63.3	299	59.8
Unknown	78	14.3	81	14.9	79	15.7	80	16.0
HORMONAL RECEPTORS								
ER+ and/or PR+	420	77.1	442	81.2	407	81.1	401	80.2
ER- and PR-	103	18.9	88	16.2	83	16.5	85	17.0
Unknown	22	4.0	14	2.6	12	2.4	14	2.8
Ki67 value (% of positive cells)								
0-14	120	22.0	113	20.8	142	28.3	132	26.4
15-20	33	6.1	51	9.4	44	8.8	41	8.2
≥20	273	50.1	269	49.4	214	42.6	232	46.4
Unknown	119	21.8	111	20.4	102	20.3	95	19.0

COMPLIANCE WITH THERAPY

	EC21		FEC21		EC14		FEC14	
	No. of Patients	%	No. of Patients	%	No. of Patients	%	No. of Patients	%
Total enrolled	545		544		502		500	
Completed 8 cycles	476	87.3	483	88.8	451	89.8	441	88.2
With no delay and/or dose reduction	456		464		426		419	
With some delay	4		1		6		1	
With some dose reduction	16		17		18		19	
With delay and dose reduction	0		1		1		2	
Discontinued	62	11.4	50	9.1	46	9.2	51	10.2
Toxicity	23		26		23		27	
Early relapse	5		2		0		1	
Refusal	14		10		13		10	
Other	20		12		10		13	
Not begun	7	1.3	11	2.1	5	1.0	8	1.6

Event in the intention to Treat Population

	EC21		FEC21		EC14		FEC14	
	No. Pz	%	No. Pz	%	No. Pz	%	No. Pz	%
Total enrolled	545		544		502		500	
OS								
Total deaths	75	13.8	88	16.2	48	9.6	55	11.0
IDFS								
Total events	140	25.7	157	28.9	111	22.1	113	22.6
<i>Relapse</i>								
Local only, regional only, or both	13	2.4	18	3.3	10	2.0	12	2.4
Distant	93	17.1	102	18.8	74	14.7	74	14.8
Concurrent Distant and + Locoregional relapse	11	2.0	13	2.4	8	1.6	5	1.0
Unknown	4	0.7	5	0.9	2	0.4	2	0.4
<i>Second primary malignancy</i>								
Primary breast cancer	7	1.3	11	2.0	4	0.8	6	1.2
Second primary tumor, non-breast	12	2.2	4	0.7	8	1.6	10	2.0
<i>Death without relapse</i>	-	-	4	0.7	5	0.9	4	0.8

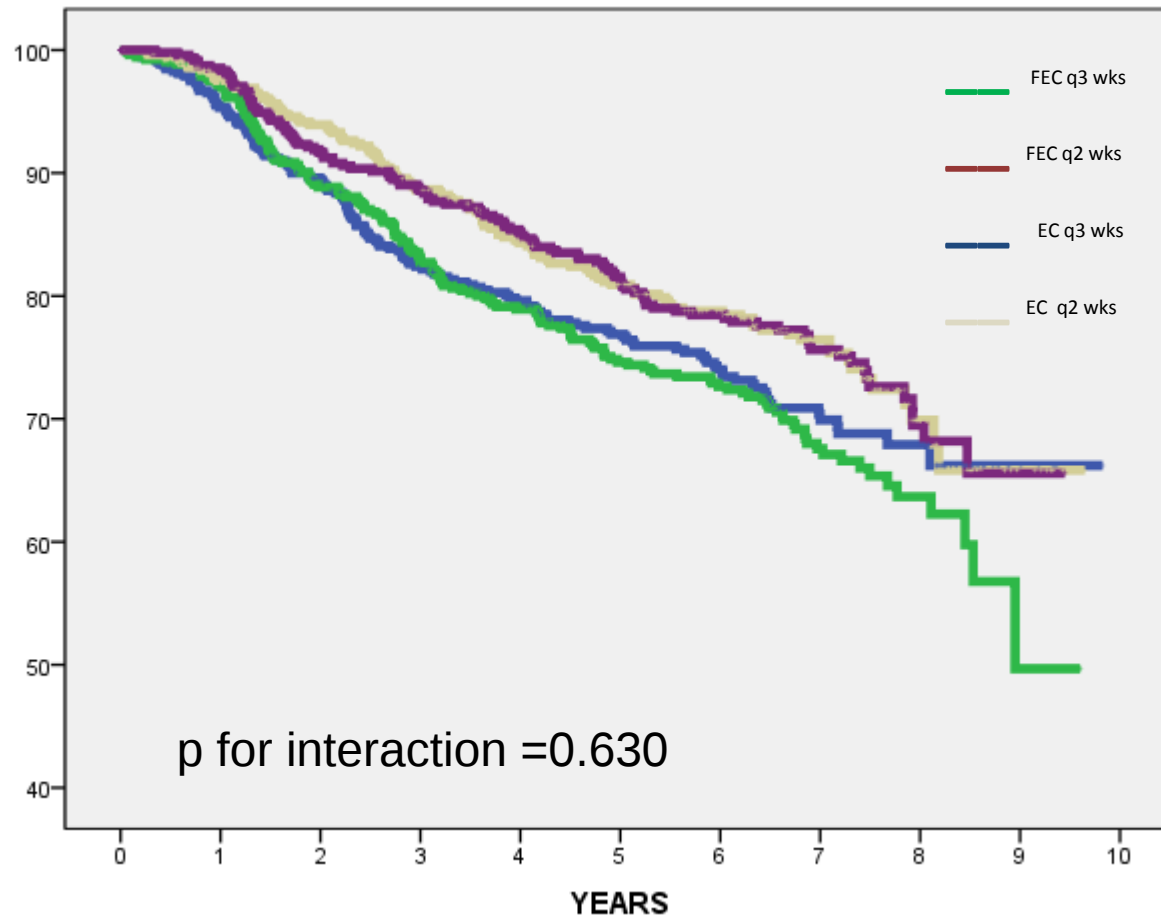
OS= OVERALL SURVIVAL; IDFS= INVASIVE DISEASE SURVIVAL

Results

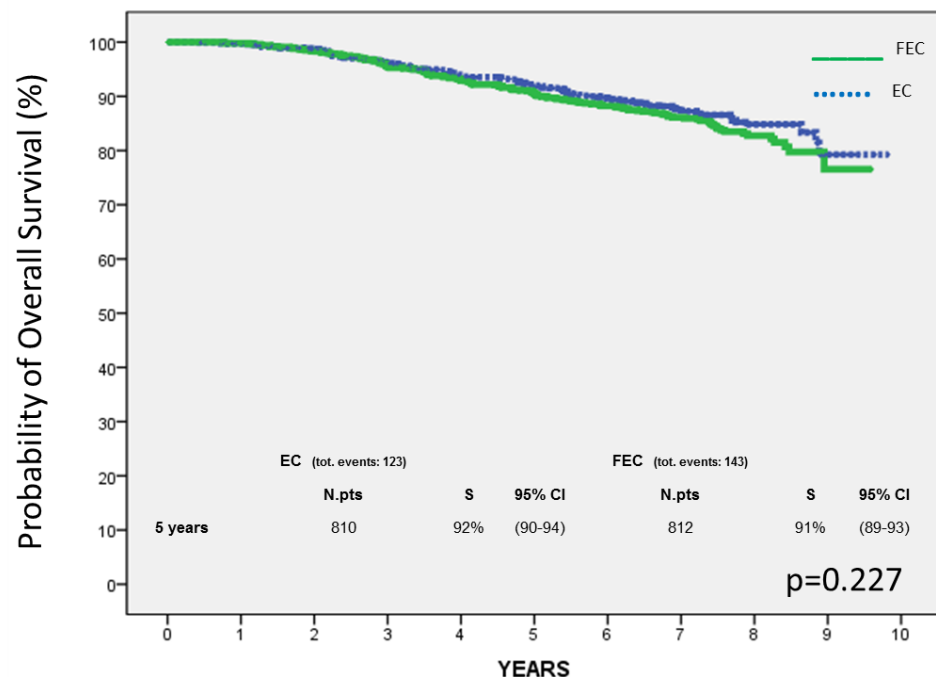
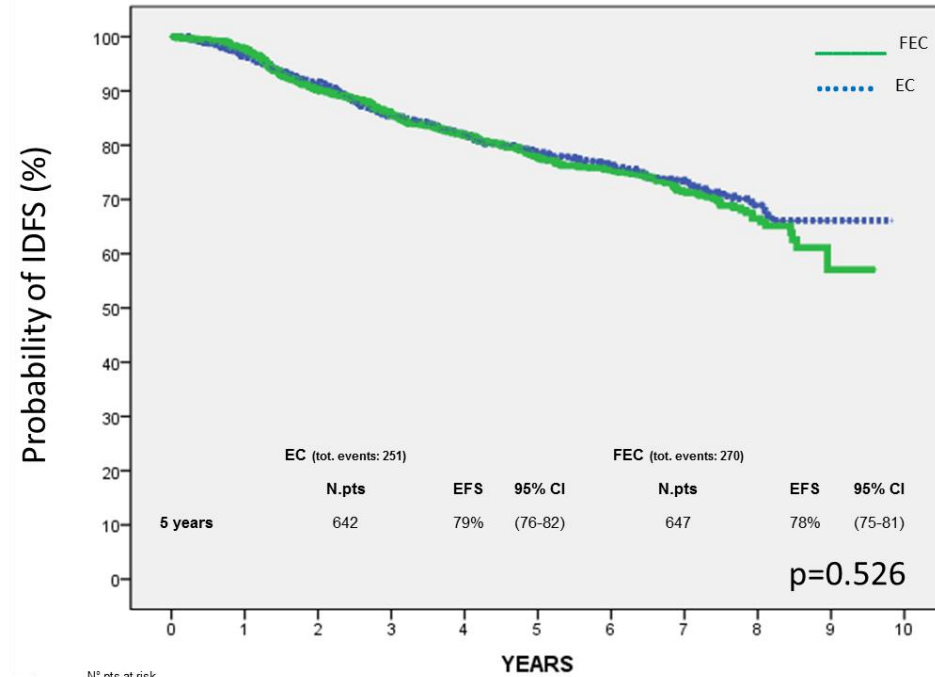
Benefits



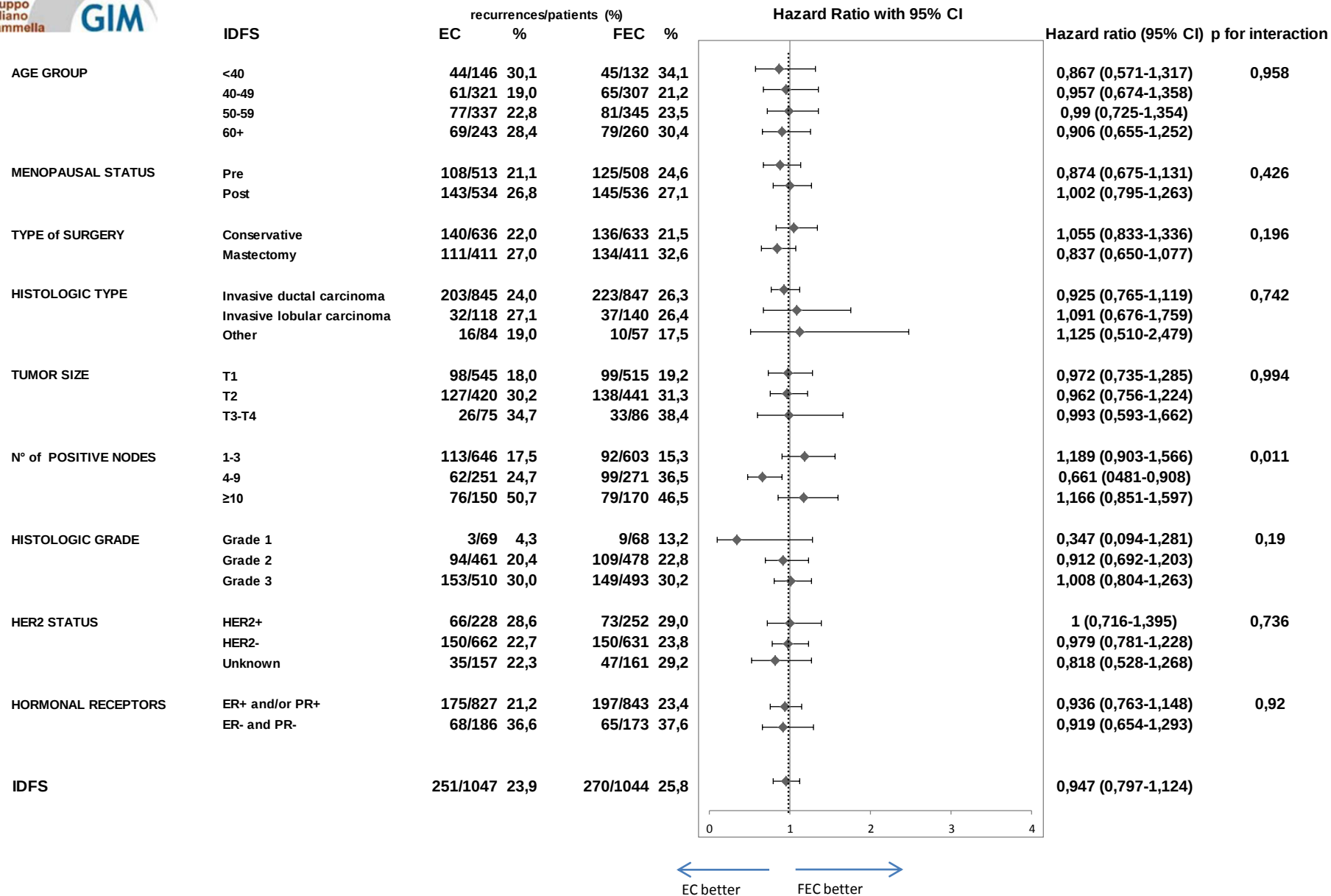
Probability of IDFS (%)



EC vs FEC

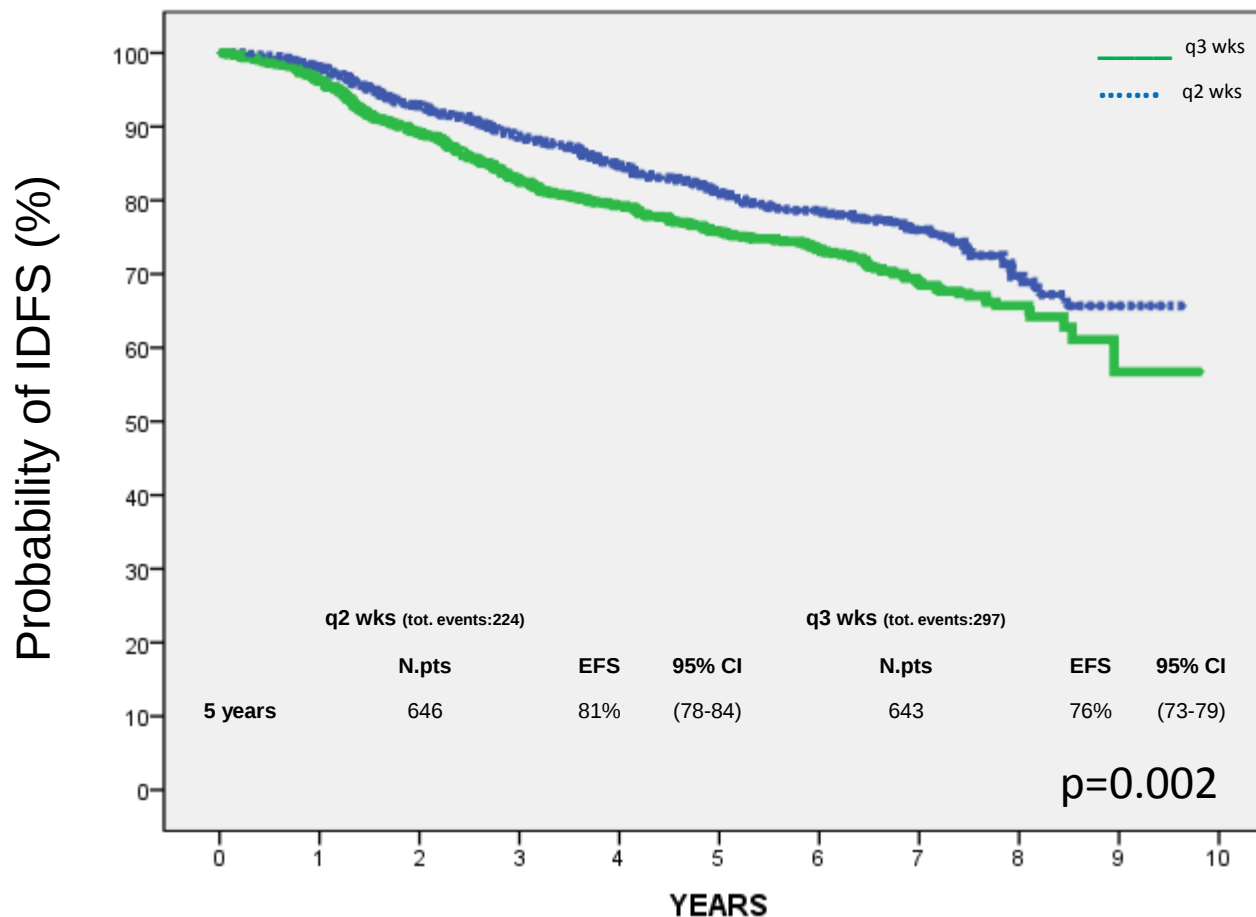


Risk of recurrence : EC vs FEC





3 wks vs 2 wks

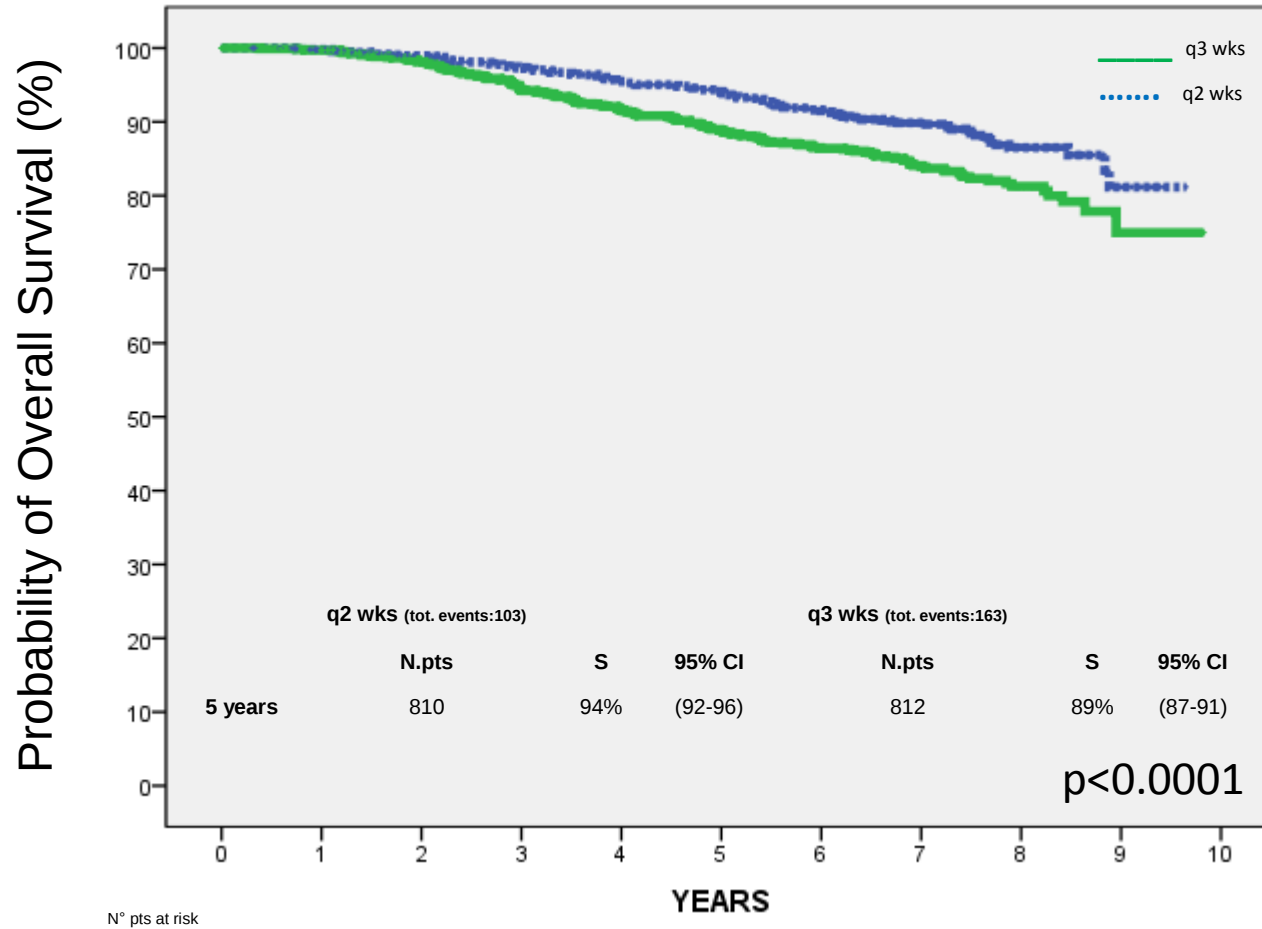


N° pts at risk

		1	2	3	4	5	6	7	8	9	10
q2 w	1002	935	857	795	725	646	554	323	101	13	-
q3 w	1089	988	883	792	718	643	532	293	103	12	-



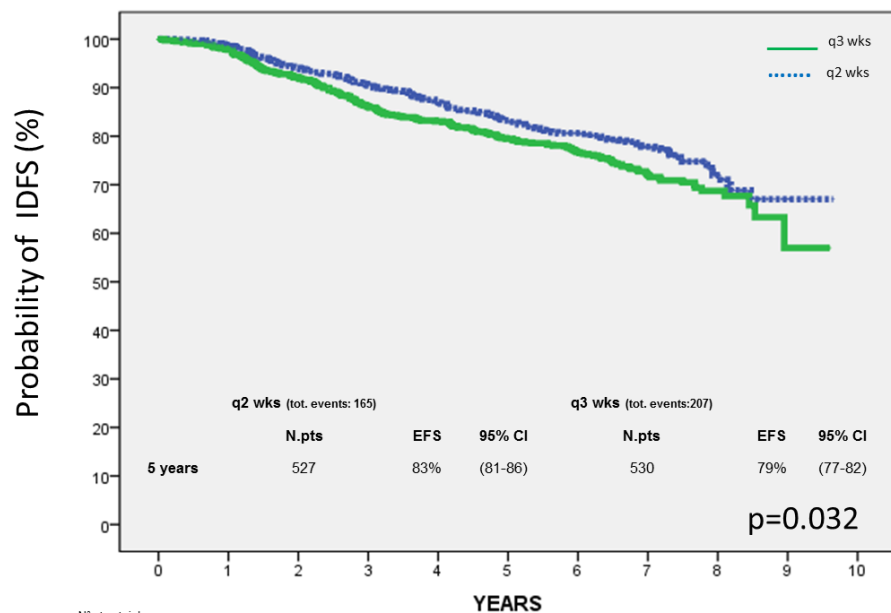
3 wks vs 2 wks



		1	2	3	4	5	6	7	8	9	10
q2 w	1002	970	930	900	855	810	737	479	186	24	-
q3 w	1089	1038	993	926	872	812	726	464	182	24	-

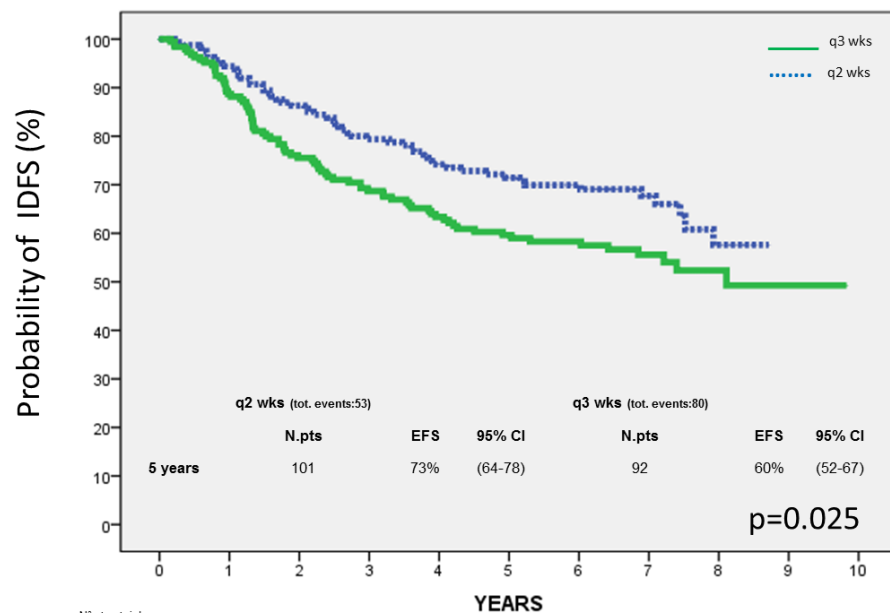
IDFS 3 wks vs 2 wks and HR status

HR+



N° pts at risk										
	0	1	2	3	4	5	6	7	8	9
q2 w	808	765	697	647	594	527	459	267	82	13
q3 w	862	790	717	651	592	530	441	240	76	8

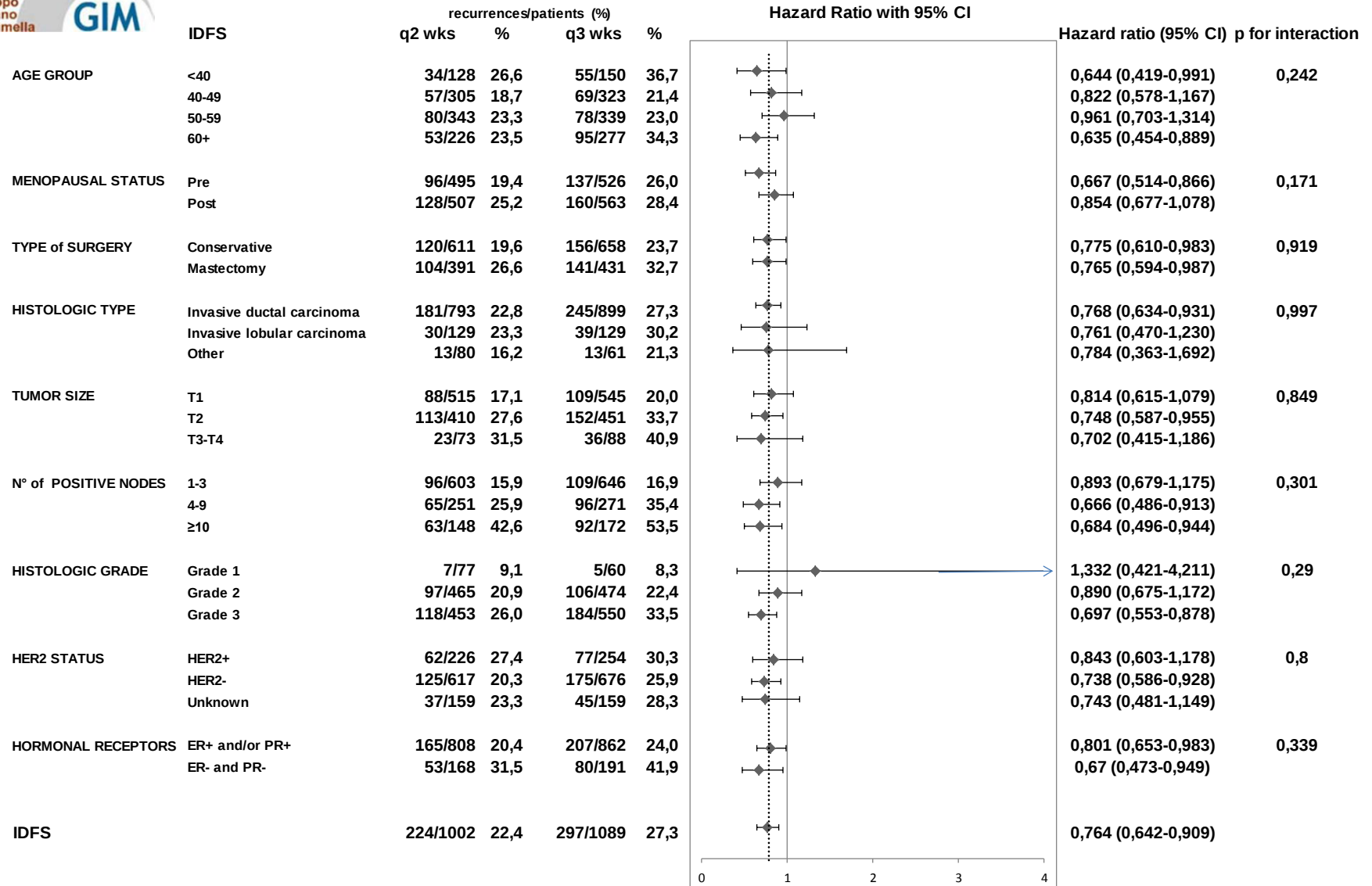
HR-



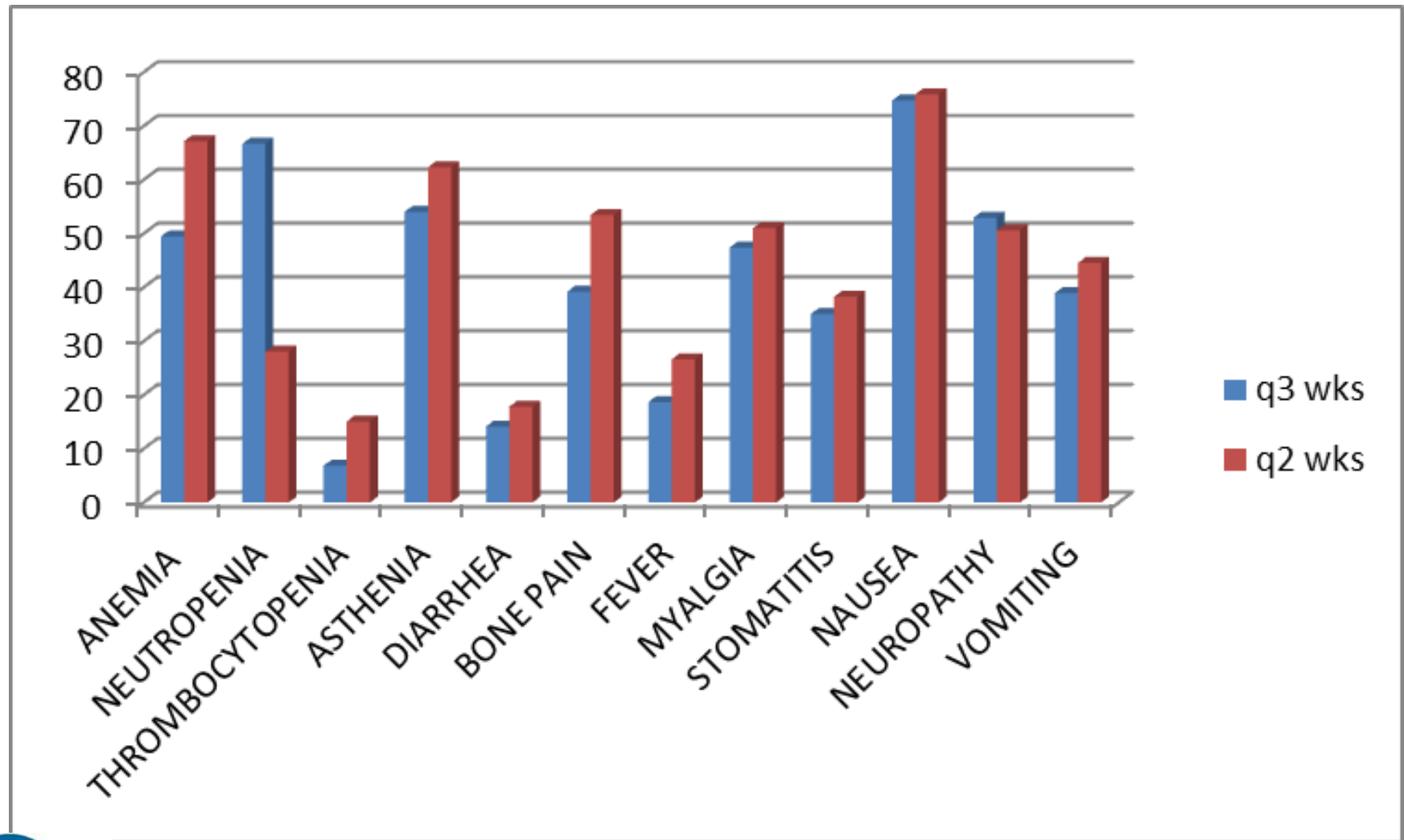
N° pts at risk										
	0	1	2	3	4	5	6	7	8	9
q2 w	168	152	137	126	112	101	81	45	16	-
q3 w	191	164	135	118	104	92	74	44	21	3



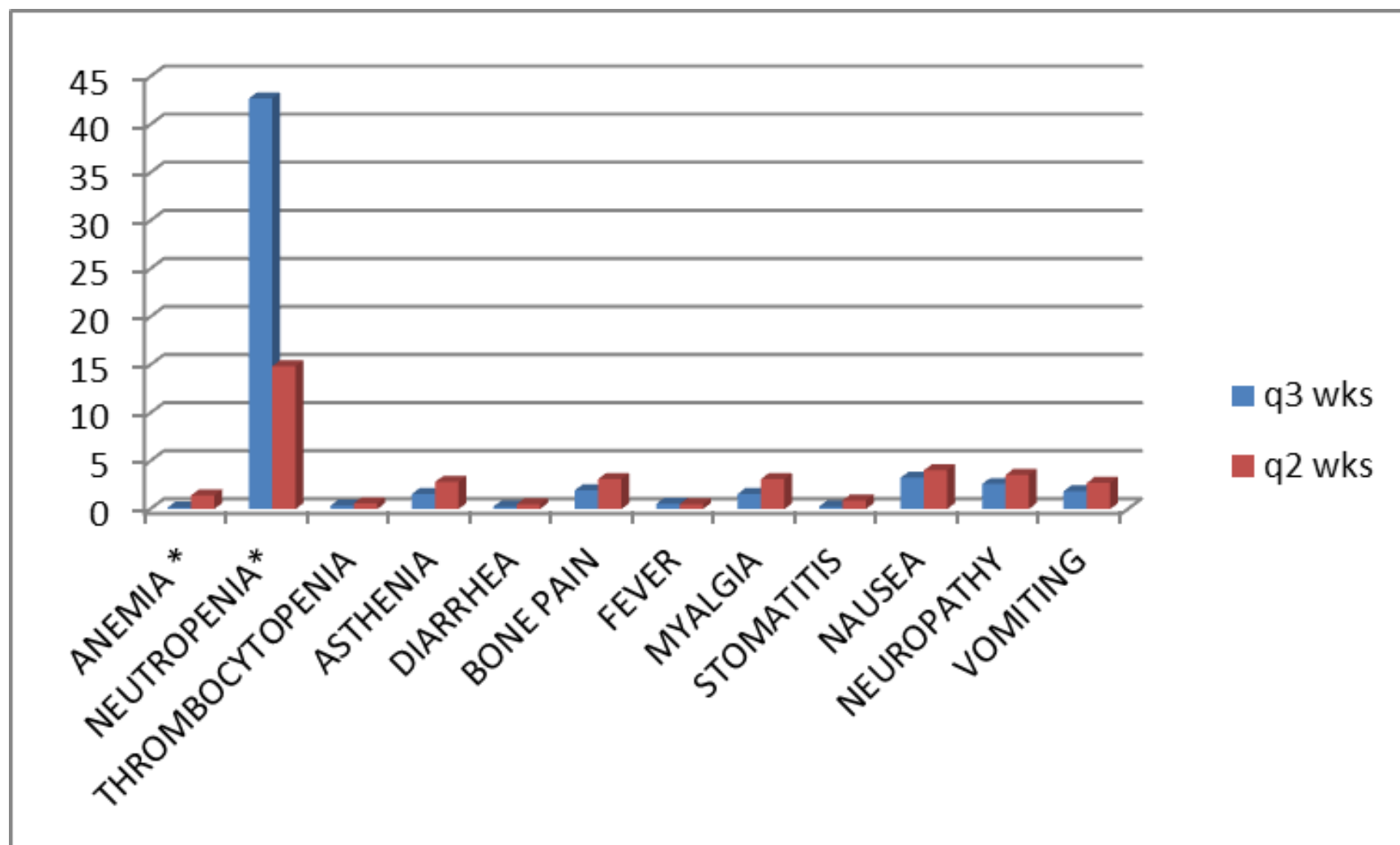
Risk of recurrence : q2 wks vs q3 wks



Major all grade toxicities by treatment arm



Grade 3 and 4 toxicities effects



* Statistically significant difference

GIM 2: Conclusions

- **Dose-dense CT** as adjuvant treatment in node positive BC patients **improves significantly DFS and OS**
- The **advantage is independent** by clinical and histopathological factors
- The addition of **Fluorouracil to EC does not improve** clinical outcomes
- The **use of Pegfilgrastim** allowed the **safe administration** in accelerated regimen
- The **dose-dense CT regimen** used in the present trial **is an optimal option in the clinical practice** for the adjuvant treatment of node positive BC patients

Thanks to

All the investigators

All the patients

Marco Venturini