Tesetaxel, an Oral Taxane, as First-Line Therapy for Women With Metastatic Breast Cancer


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San Antonio Breast Cancer Symposium – December 6 – 11, 2011

ABSTRACT

Background: Preclinical data showed that tesetaxel overcomes P-glycoprotein-mediated multidrug resistance in vitro and in vivo. Phase I/II clinical data support a 27 mg/m² starting dose with up to 35 mg/m² escalation. The current single-arm study enrolled 33 patients with high-risk metastatic breast cancer for whom prior chemotherapy, including a taxane for 19 patients, had failed. We present updated results as of May 1, 2011.

Methods: Patients were age ≥ 18, with histologically or cytologically confirmed breast adenocarcinoma. Prior chemotherapy was allowed. Pediatric, hormonal, or investigational therapy was allowed. Consent was obtained for all patients who met the entry criteria. Tesetaxel was treated as a single agent. Safety was assessed per CTCAE version 4.0. Delivery was up to 12 weeks for non-hematologic toxicities and 28 days for hematologic toxicities. Tesetaxel dose was escalated to 35 mg/m² in 50% of patients if no Grade 3–4 hematologic or non-hematologic toxicity was observed.

Results: Of 33 patients enrolled, 25 (76%) were treated at a dose of ≤ 27 mg/m². No side effects were noted at the dose of 27 mg/m² in 50% of the patients. We evaluated 9 (27%) patients at a dose of 30 mg/m² and 2 (6%) patients at the highest dose of 35 mg/m². Of 19 patients treated at 30 mg/m² or higher, 13 (68%) experienced Grade 3–4 events. Among the 33 patients, protocol therapy was ongoing in 19 (58%) patients; accrual is continuing. The maximum number of cycles administered thus far is 12.

Conclusions: Tesetaxel is an advanced-generation, orally available taxane that is highly active in the taxane-refractory setting. Potential schedule dependency and neurotoxicity were substantially lower with tesetaxel compared with paclitaxel and docetaxel. Neurotoxicity was also substantially lower with tesetaxel compared with paclitaxel and docetaxel. Neurotoxicity was also substantially lower with tesetaxel compared with paclitaxel and docetaxel. Neurotoxicity was also substantially lower with tesetaxel compared with paclitaxel and docetaxel.

REFERENCES