

CED-SOS Advice Report #6

The Role of Albumin-bound Paclitaxel (Abraxane) in the Treatment of Metastatic Breast Cancer

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A Quality Initiative of the
Program in Evidence-Based Care (PEBC), Cancer Care Ontario (CCO)

Report Date: 1 June 2007

A CED-SOS Advice Report is a document developed by the PEBC in response to a request from the Committee to Evaluate Drugs (CED) for a review of the clinical evidence on a specific cancer drug or combination of drugs. An abbreviated systematic review of the literature is undertaken in a very short time period. This particular document was developed by one clinical expert and one PEBC staff member. This document has been internally approved by PEBC management but has not been subject to a broader external review due to time constraints.

The full CED-CCO Special Advice Report #5 is comprised of 2 sections and is available on the CCO website (<http://www.cancercare.on.ca>)

PEBC CED-CCO page at:

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Section 1: Recommendations

Section 2: Systematic Review/Evidentiary Base

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CED-SOS Advice Report #6: Section 1

The Role of Albumin-bound Paclitaxel (Abraxane) in the Treatment of Metastatic Breast Cancer: Recommendations

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Question

What is the role of nanoparticle albumin-bound paclitaxel (*nab*-paclitaxel) (Abraxane, ABI-007) in the treatment of women with metastatic breast cancer? Outcomes of interest are time to progression; time to treatment failure; objective response rate; overall survival; progression-, disease-, and event-free survival; quality of life; patient tolerance (compliance and continuation); toxicity and adverse effects; and treatment-related deaths.

Target Population

These recommendations apply to adult female patients with metastatic breast cancer.

Recommendation

- Women with metastatic breast cancer and no previous taxane chemotherapy who are candidates for first- or second-line single-agent paclitaxel could be offered *nab*-paclitaxel.

Qualifying Statement

- Evidence from a randomized phase II trial suggests that *nab*-paclitaxel may be equivalent or superior to docetaxel in terms of tumour response rate with a decrease in neutropenia and no increase in neuropathy.
- Evidence from a subgroup analysis of a randomized phase III trial shows that overall survival with *nab*-paclitaxel does not differ from paclitaxel in first-line therapy, but *nab*-paclitaxel is superior in second-line therapy.

Evidence

- Two randomized controlled trials: one phase III full report and one four-arm randomized phase II trial presented in abstract/presentation form.
- The phase III trial established the superiority of *nab*-paclitaxel over standard paclitaxel in terms of overall response rate and time to tumour progression with a lower rate of grade 4 neutropenia.
- The phase II trial showed better tumour response with *nab*-paclitaxel 100 or 150 mg/m² every three out of four weeks (qw 3/4) than with docetaxel 100 mg/m² q3w, and less grade 4 neutropenia.

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