

A Direct Comparison of Classical Oral Navelbine versus Metronomic Navelbine in Metastatic Breast Cancer:

Results from the Danish Breast Cancer Group's (DBCG) NAME-trial. EUDRACT no: 2016-002165-63.

Anne Sofie Brems-Eskildsen¹, Julia Kenholm², Annette Torbøl Brixen³, Jeanette Dupont Rønlev⁵, Lars Stenbygaard⁶, Hella Danø⁷,
Mie Grønnet⁸, Erik Hugger Jakobsen^{4,9}, Jeppe Neimann¹, Vesna Glavicic¹⁰, Sven Tyge Langkjer^{1#}, Jürgen Geisler^{11#}.

Department of Oncology in Denmark: 1University Hospital Aarhus, 2 Regional Hospital West Jutland, 3 Herlev Hospital, 4 Sønderborg Hospital, 5 University Hospital Odense, 6 University Hospital Aalborg, 7 North Zealand Hospital - Hillerød, 8:North Zealand Hospital, Denmark, 9 Sygehus Lillebaelt - Vejle Sygehus, 10 Sjællands University Hospital Nasetved, 11 Department of Oncology, Akershus University Hospital, Norway & Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway. #shared last authors

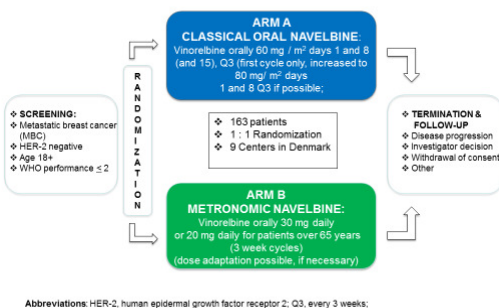
Background:

The metronomic principle of chemotherapy for malignancies, using frequent small doses, has been suggested to show superior efficacy compared to classical administration. Thus, we aimed at investigating whether treatment with Navelbine, according to the metronomic drug schedule, was superior to conventional oral treatment in terms of clinical efficacy and safety. EUDRACT no: 2016-002165-63.

Material and methods:

The NAME trial was an open label, randomized, multicenter phase II study. We included 163 patients with metastatic breast cancer in Denmark between 2017-2022. All participants were randomized between standard treatment in arm A with classical per oral Vinorelbine day 1 and day 8, every three weeks or in arm B metronomic treatment with per oral Vinorelbine given as daily dosing.

Figure 1. Study design – the NAME trial.



Results:

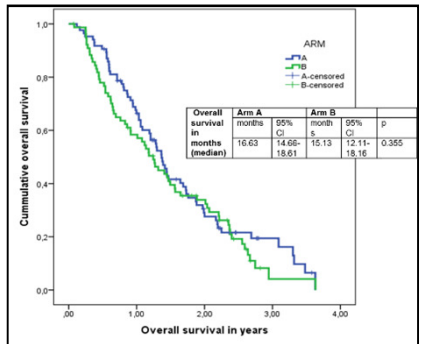
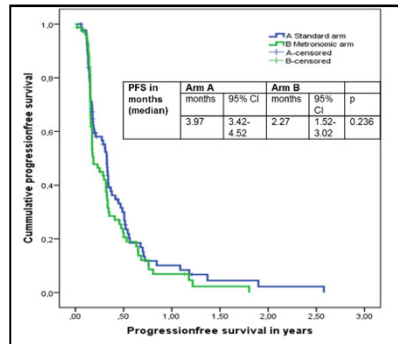
The patients were well balanced between the two treatment arms. The median age was 68-69 years in both arms with a good performance status at study entry. We found a median progression free survival (PFS) in arm A of 3.9 months and a median PFS of 2.3 months (P=0.236). The median overall survival (OS) was 16.6 months in arm A and 15.1 months in arm B (P=0.355). The evaluation of the adverse events showed that both regimes were well tolerated without significant differences between the two study arms.

Conclusion:

Our overall evaluation of the NAME-trial results showed that classical oral Navelbine and metronomic oral Navelbine were clinically equally effective and without any significant differences concerning side-effects. Thus, our study did not confirm that metronomic Navelbine is superior to classical Navelbine.

Patient and Tumor Characteristics N 163	Arm A n=98	Arm B n=77	P value
Age (median) range	69 years 38-89	68 years 40-86	
N=163	%	%	
Number of patients under and 65 years	32.6	33.8	0.870
Number of patients over 65 years	67.4	66.2	
Gender			0.937
Female	99	99	
Male	1	1	
Performance status			0.497
1	43	56	
2	10	6	
IDC	72	86	0.074
ILC	19	12	
Other	9	3	
Primary disseminated	31	30	0.83
Yes	69	70	
No	10	16	
Estrogen			0.330
Negative	89	84	
Positive	98.8	98.7	
Her2			0.956
Negative	1.2	1.3	
Positive	74	66	
Primary chemotherapy for metastatic disease			0.272
Yes	26	34	
No	26.7	35	
Number of lines of chemotherapy treatment line before NAME for metastatic disease			
1	44.2	37.7	
2	29	27.3	
Antiestrogen therapy prior to randomization			0.185
Yes	83	74	
No	17	26	
0	17.4	26	
1	36	30	
Number of anti-hormone treatments before the NAME trial for metastatic disease			
2	32.5	23	
3	10.5	10.4	
4	3.5	10.4	
Liver	51.2	33.8	0.03
Lung	18.6	24.7	0.327
Lymph node	26.7	26	0.54
Bone	54.7	49.4	0.56
Mamma	15.1	7.8	0.153
Other	12.8	10.4	0.653
Visceral metastasis (liver and lung)		49.4	0.158

	Arm A n=86				Arm B n=77					
	Grade adverse events				Grade adverse events					
	1	2	3-4	Total	1	2	3-4	Total		
Neutropenia	7	8	14	29	33.7	4	4	8	16	20.8
Leukocytopenia	3	1	1	5	5.8	2	3	1	6	7.8
Thrombocytopenia	1	0	0	1	1.2	3	0	1	4	5.2
Anemia	8	5	1	14	16.3	9	2	1	12	15.6
ALT elevated	8	2	0	10	11.8	11	1	1	13	16.8
BASP elevated	3	2	1	6	7.0	3	3	0	6	7.8
Creatinine elevated	4	2	0	6	7.3	0	2	0	2	2.6
Abdominal pain	4	4	0	8	9.3	4	3	0	7	9.0
Anorexia	12	7	0	19	22.1	10	9	2	21	27.3
Arthralgia	12	5	0	17	19.8	6	10	1	17	22.1
Alopecia	9	7	0	16	18.6	12	5	0	17	22.1
Vision impairment	0	0	0	0	0	2	1	3	3.9	
Cardiac disease	0	1	2	3	3.5	3	4	2	9	11.7
Confusion	1	0	0	1	1.2	2	1	0	3	3.9
Constipation	23	8	1	32	37.2	12	10	0	22	28.6
Cough	1	2	0	3	3.5	5	2	0	7	9.0
Depression	2	1	0	3	3.5	1	0	0	1	1.3
Diarrhea	26	10	4	40	46.5	18	4	2	26	33.8
Dizziness	5	4	0	9	10.5	3	4	2	9	11.7
Dry eye	2	2	0	4	4.7	1	0	0	2	2.6
Dry mouth	4	0	0	4	4.7	5	0	0	5	6.5
Dry skin	3	0	0	3	3.5	0	0	0	0	0
Dyspnea	7	3	0	10	10.5	4	2	0	6	7.8
Dyspepsia	12	5	3	20	23.3	7	3	2	12	15.6
Edema	3	0	0	3	3.5	2	3	0	5	6.5
Endocrinopathy	1	0	0	1	1.2	3	0	0	3	3.9
Fatigue	29	13	3	45	52.3	25	18	3	46	59.7
Febrile neutropenia	0	0	4	4	4.7	0	0	1	1	1.3
Fever	3	2	0	5	5.8	5	1	0	6	7.8
Headache	3	1	0	4	4.7	2	4	0	6	7.8
Hearing impaired	1	0	0	1	1.2	1	1	0	2	2.6
Hypertension	2	4	7	13	15.1	1	5	3	9	11.7
Infection	2	11	5	18	20.9	0	10	7	17	22.1
Insomnia	5	0	1	6	6.9	1	1	0	2	2.6
Mucositis	13	5	0	19	22.1	10	4	0	14	18.2
Myalgia	9	1	0	10	10.5	11	3	0	14	18.2
Nail changes	2	3	0	5	5.8	0	3	0	3	3.9
Nausea	23	12	2	37	43.0	22	15	3	40	51.9
Neuropathies	16	7	0	23	26.7	15	2	2	19	24.7
Pain	16	12	2	30	34.9	13	19	4	36	46.8
PPE	1	0	0	1	1.2	4	0	0	4	5.2
Tremor	1	0	0	1	1.2	1	1	0	2	2.6
Vomiting	12	5	1	18	20.9	15	1	3	19	24.7



	Arm A %	Arm B %	Difference	
Reason for exiting	Progression of disease	81.4	85.7	0.691
	Death	0	1.3	
	Adverse events	9.3	7.8	
Mortality status	Doctors decision	7.0	3.9	0.754
	Withdrawal by patient	2.3	1.3	
Cause of death	Death	79	84.4	0.597
	Alive	20.9	15.6	
	Alive or missing	23.3	24.7	
Best response	Cancer	70.1	72.7	0.389
	Other	5.8	2.6	
	Complete response	2.3	3.9	
	Partial response	4.7	2.6	
Response rate	Progressive disease	37	48	0.902
	Stable disease	44.2	41.6	
	Not analyzed	11.6	3.9	
Clinical benefit rate	Objective response rate (CR and PR)	7%	6.5%	0.963
	Clinical benefit rate (incl SD>180 days/6 months)	19.8%	19.5%	

Corresponding author:
Anne Sofie Brems-Eskildsen.
E-mail: Annebrem@rm.dk

Acknowledgement:
The clinical study is supported by
Pierre Fabre.

