

The Use of Trastuzumab in Adjuvant or Metastatic Breast Cancer in Three Medical Oncology Centers in Algeria

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Background

Trastuzumab was introduced as a standard of care, three weekly for 18 cycles post chemotherapy for patients with breast cancer over-expressed Her2/neu+. Cardiac function was monitored every 3 months.

Methods

Patients were eligible if they had breast cancer over-expressed Her2/neu+. All patients had PS \leq 2, adequate organ function, a baseline LVEF $>$ 55% measured before therapy and all patients had an echo/cardiology assessment before, an adjuvant treatment with Trastuzumab or following chemotherapy. In Algeria, Her2/neu is over-expressed in breast cancer in 25% of cases, tested by IHC.

Results

From June 2006 to March 2008, 182 patients were enrolled in the study because of Her2/neu+ and received Trastuzumab in that time period with 24 (13.2%) of patients receiving it in the metastatic, 158 (86.8%) in the adjuvant settings. In Centre Pierre & Marie Curie, we enrolled 152 patients, from Medical Oncology of Constantine, we had 16 patients and from the Oncology-Hematology Center of Annaba, we enrolled 14 patients.

The median age was 43 years old (24-70) and 47% were hormone receptor positive. Most of patients received an anthracycline or taxane containing regimen. 7 (3.8%) patients had to stop treatment by Trastuzumab because of cardio toxicity. 5 patients were unable to tolerate Trastuzumab and to follow the treatment. All other patients, in the adjuvant setting, had a normal or sub-normal cardiac function. There was a significant increase in metastatic breast cancer-death if Trastuzumab started $>$ 12 weeks after chemotherapy, which has implications for practice and introducing Trastuzumab earlier in the care of the patient.

Conclusion

The review shows a good conformity to practice guidelines, a safety use of Trastuzumab which must be associated to the determination and the follow-up of the cardiac function, a baseline LVEF before, in and after the treatment. The efficiency of the use of Trastuzumab is incontestable, with a prohibitive cost, but for the safety of patients.