Lower rates of neuropathy with Oral Paclitaxel and Encequidar (oPac+E) compared to IV Paclitaxel (IVPac) in treatment of metastatic breast cancer (mBC): Study KK-ORAX-001 (Abstract PS13-06)

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Introduction

Paclitaxel has poor oral bioavailability due to excretion by gastrointestinal p-glycoprotein. Encequidar (E) is a potent specific minimally absorbed p-glycoprotein inhibitor which enables absorption of oral paclitaxel (oPac). oPac+E is a combination of paclitaxel liquid-filled capsules and an encequidar tablet: systemic exposure (AUC) of oPac+E 200mg/m²/day x 3 is equivalent to IV paclitaxel (IVPac) 80mg/m². Peak concentrations (Cmax) is 1/7 of IVPac.

Hypothesized to decrease incidence/severity of neuropathy.

Methods

Randomized 2:1 to receive oPac+E (250mg/m²/day x3 weeks) or IVPac 175mg/m² every three weeks.

Treatment continued until progressive disease or toxicity. All Grades (%)

Grade ≥ 3 (%)

oPac+E

IVPac

IVPac+E

Encequidar

0% 0% 0% 0% 0% 0% 0% 0% 0%

ORAX

0% 0% 0% 0% 0% 0% 0% 0% 0%

Results

Lower Incidence of Neuropathy with oPac+E vs IVPac

Conclusions

• oPac+E was associated with a lower incidence of neuropathy, slower onset and lesser severity of neuropathic events compared to IVPac 175mg/m² every three weeks.

• Dose reductions due to neuropathy were less frequent with oPac+E (2%) vs IVPac (8%).

• No patients receiving oPac+E vs IVPac (8%) discontinued treatment due to neuropathy.

• Reduction in neuropathy may allow longer use of effective therapy while maintaining dose intensity and offers the potential to improve QOL in patients with breast cancer receiving taxanes.

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