AstraZeneca

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: Faslodex®
ACTIVE INGREDIENT: Fulvestrant 250mg

Study No: NIS-OAT-FAS-2009/1
FIONA NIS

Developmental phase: marketed
Study Completion Date: DBL 30/04/2011
Date of Report: 10/2011

Use Of Fulvestrant 250 mg In The Clinical Practice In Austria

OBJECTIVES:

The main objective of this observational, non-interventional study was to collect data on the use of fulvestrant 250 mg in clinical practice and document the clinical benefit of fulvestrant treatment during the observation period in this setting. Secondary objectives were to document the tolerability of fulvestrant and the impact of treatment on quality of life using a patient-rated, breast cancer specific validated questionnaire (FACT-B).

METHODS:

Postmenopausal women with hormone receptor-positive locally advanced or metastatic breast cancer who were treated with fulvestrant according to the investigator's regular clinical practice were eligible for this study. Written informed consent was obtained from all subjects prior to inclusion. No treatment intervention was made. Only patients who had already received a prescription for fulvestrant, or who had already been on fulvestrant therapy for up to 4 weeks were eligible. For each patient, 4 visits were planned to be documented at baseline and at 3-monthly intervals thereafter. Response to treatment was documented 3 months (Visit 2) , 6 months (Visit 3) and 9 months (visit 4) after inclusion according to the categories "complete response", "partial response", "stable disease", "progression of disease" or "no assessment possible". Clinical benefit was defined as at least one of the following events: complete response, partial response or stable disease for at least 6 months. The tolerability of fulvestrant was assessed at visits 2, 3 and 4 by rating the absence or degree of severity of predefined clinical signs and symptoms (hot flushes, gastrointestinal complaints, joint pain, thromboembolic complications and injection site reactions) on a 4-point rating scale (absent, mild, moderate, strong). Adverse events were reported to the AstraZeneca Patient Safety Department; reporting to the Austrian authority was done according to the Austrian Drug Law.

Quality of life as one indicator of treatment response and tolerability was assessed by the patient-rated FACT-B questionnaire at each visit. The Karnofsky Index was used at each visit to assess the performance status from the doctor's perspective.
DEXA scan results were documented where available from clinical routine examination, with the aim to compare bone mineral density at baseline and at the end of the observational period.
Due to the observational character of the study, no statistical tests of hypotheses were applicable. Quantitative variables were described as mean, median, standard deviation, quartiles and range. Qualitative variables were described as counts und relative frequencies in percent for each category.

RESULTS:

57 female patients with advanced breast cancer were treated in 14 centers between 30 April 2009 and 18 October 2010. The mean age of patients was 66 ±12 years, mean baseline weight was 71±14 kg. The patients had undergone surgery for breast cancer 8±6 years before inclusion. Progression had occurred on average 6 months before the inclusion in this study (range, 1 to 119).
The most common tumor type was ductal carcinoma (54%, n=31), followed by lobular carcinoma (28%, n=16). The remaining tumors were classified as "other histologic findings" (n=6) or "invasive carcinoma" (n=4). According to the TNM system, the staging results were: T: 93% ≥ 4, N: 81% ≥ 2, M: 84% ≥ 2. 55 patients (96.5%) were ER-positive, 45 (78.9%) PgR-positive and 4 (7%) were Her2-positive.
Most patients received fulvestrant as their second (n=48) or third (n=12) endocrine therapy. Prior endocrine therapy consisted mainly of aromatase inhibitors; tamoxifen was documented as one prior endocrine therapy in 16 patients (28%) only. 28 patients (49%) had already received prior chemotherapy and 25 patients (44%) had received radiation therapy prior to their treatment with fulvestrant.
Six months after inclusion (visit 3), 54% of all subjects were still on treatment: Two (3.5%) of all patients had complete remission, five (8.8%) had a partial response, and 14 (24.6 %) had stable disease, adding up to an objective response rate of 12.3% and a clinical benefit rate of 36.9%. Progressive Disease was documented at visit 3 for 6 patients, and in 4 cases no rating was possible. 26 patients had discontinued the study before visit 3. Best response during the observation period was: Complete remission n=2 (3.5%), partial response n=6 (10.5%), stabilization n=25 (43.9%). Fourteen patients (24.6%) experienced progression of disease, and for the remaining 10 patients (17.5%) no rating was possible.
Fulvestrant was well tolerated with no discontinuations due to adverse events. The only adverse event reported at more than one visit was joint pain (4 patients at visit 2, 5 patients at visit 3 and one patient at visit 4). No impact on quality of life was reflected in the patient-rated questionnaires (table 1).
29 patients (51%) did not complete the observational period of 9 months, mostly due to progression of disease (n=21). Other reasons were as follows: wish of patient (n=4), death due to disease progression (3), other (1). The average time until discontinuation was 18 weeks (127 ±64 days, mean).
DEXA scan data were available for 13 patients, but as no consecutive results were documented, data are not reported here.

Table 1: FACT-B, TOI (Trial Outcome Index), FACT-G

	Visit 1	Visit 2	Visit 3	Visit 4
FACT-B Total Score				
Mean	105.56	103.77	105.71	105.24
S.D.	20.73	22.48	23.73	23.69
Median	109	108	112	111
Maximum	135	134	133	135
Number	57	52	31	21
Trial Outcome Index (TOI)				
Mean	66.65	64.23	65.19	67.65
S.D.	14.89	16.42	16.43	12.27
Median	70	69	70	68.5
Minimum	20	18	14	37
Maximum	87	88	86	84
Number	57	52	31	20
FACT-G Total Score				
Mean	79.81	79.15	80.06	86.55
S.D.	17.13	18.12	19.23	18.64
Median	86	80.5	84	88.5
Minimum	34	28	22	45
Maximum	101	103	103	115
Number	57	52	31	20

The results of this non-interventional study demonstrate that fulvestrant 250 mg is an effective and well-tolerated endocrine treatment even in an elderly population. The findings reflect the use of fulvestrant in the clinical practice in Austria during a time when the registered dose was 250 mg monthly. Further research is indicated to clarify how clinical practice has changed after the change of the registered dose to 500mg.

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