

**WSG**

**Country:** Germany

**Group:** West German Study Group (WSG)

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**Website:** [www.wsg-online.com](http://www.wsg-online.com)

**Title:** WSG and AGO-Mamma Intergroup Study: Randomized phase III trial of EC→Doc: adjuvant chemotherapy of breast carcinoma with 1–3 positive lymph nodes. EC-DOC (AM02)

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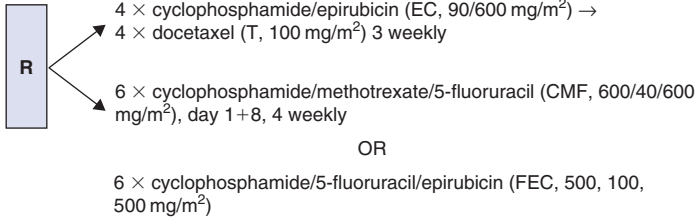
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**Summary:**

- Opened in September 2000, closed in August 2005
- Target accrual: 2000

*Objectives:*

- Event free survival (EFS) and overall survival (OS)
- Comparison of:
  - (a) Toxicity
  - (b) Quality of Life (QOL)
  - (c) Cost effectiveness analysis

**Scheme:****Update:**

- Randomisation closed; 2011 patients randomised.

**Related****Publications:**

Huober J, Thomssen C, Fischer H, *et al.* First toxicity analysis of a randomized adjuvant German Intergroup Phase 3-Study for patients with primary breast cancer (bc) with 1–3 involved lymph nodes comparing six cycles FEC or CMF to four cycles of EC followed by 4 cycles of Docetaxel (Doc). *EBCC, Hamburg 2004*

Samuelkutty S, Gluz O, Mohrmann S, *et al.* Chemotherapy-induced amenorrhea (CIA) in patients treated with adjuvant CEF/CMF or EC/docetaxel: analysis from a phase III randomized EC/Doc Trial. *SABCS 2005: Breast Cancer Res Treat 2005; 94(Suppl 1) \*2063*

Schütt G, Mohrmann S, Kuhn W, *et al.* Age-associated incidence of chemotherapy-related amenorrhea (CRA) and results of the second toxicity analysis of a WSG/AGO-Mamma Intergroup Phase III trial AM02 "EC → Doc" for patients with primary breast cancer and 1–3 positive axillary lymph nodes. *St Gallen Consensus Conference 2005.*

**Topics:**

- Taxanes
- Node positive breast cancer

**Keywords:**

Breast cancer, chemotherapy, 1–3 involved lymph nodes, taxanes

**Title:** WSG Study: Randomized phase III trial of adjuvant CEF/TAC chemotherapy +/- Darbepoetin alfa for patients with primary breast cancer and more than 3 positive axillary lymph nodes. ARA Plus (AM03)

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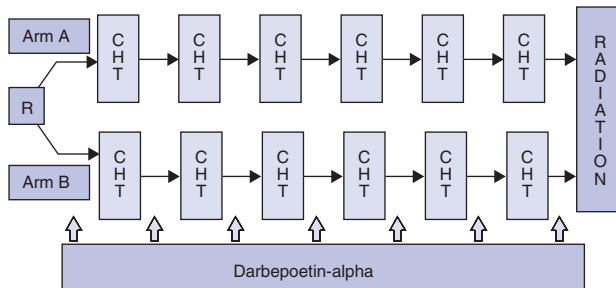
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**Summary:** • Target accrual: 1234

*Objectives:*

- Event-free survival (EFS).
- Overall Survival (OS).
- Comparison of toxicity, anaemia and cognitive function.
- Comparison of fatigue syndrome.

**Scheme:**



*CHT:* TAC: 6 × docetaxel 75 mg/m<sup>2</sup> + doxorubicin 50 mg/m<sup>2</sup> + cyclophosphamide 500 mg/m<sup>2</sup> q3w or CEF: 6 × cyclophosphamide 500 mg/m<sup>2</sup> + epirubicin 100 mg/m<sup>2</sup> + 5-FU 500 mg/m<sup>2</sup> q3w

R = randomization

- Update:** • 650 patients randomized at end September 2006.
- Related Publications:** None available
- Topics:** • Node positive breast cancer
- Keywords:** Erythropoetin

**Title:** ICE – Study: Ibandronate with or without capecitabine in elderly patients with early breast cancer. BIG 4-04 / GBG 32. (see also description under GBG)

**Coordinator(s):** *An Intergroup Study of the:*  
Westdeutsche Studiengruppe (WSG)  
Arbeitsgemeinschaft Gynäkologische Onkologie (AGO)  
German Breast Group (GBG)  
Nordostdeutsche Gesellschaft für Gynäkologische Onkologie (NOGGO)

*Protocol Board:*

Professor Dr U. Nitz, Düsseldorf (Principal investigator; WSG)  
PD Dr D. Elling, Berlin (NOGGO)  
Professor Dr V. Möbus Frankfurt (AGO)  
PD Dr G. von Minckwitz Frankfurt (GBG)

**Summary:** *Primary Objective:*

- To compare the event-free survival in elderly patients after local treatment for primary breast cancer treated with either ibandronate alone or ibandronate and capecitabine as adjuvant treatment.

*Secondary Objectives:*

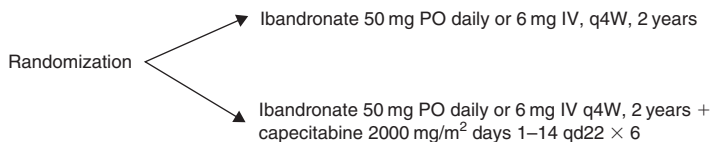
- To compare the overall survival between the two Arms.
- To determine the compliance in both Arms.
- To determine the toxicity in both Arms.
- To determine the rate of bone-related events in hormone-sensitive and insensitive disease (with or without anastrozol).
- To determine the preference to oral or intravenous application of ibandronate.
- To assess quality of life.

*Tertiary Objective:*

- To determine prognostic factors on tumor tissue collected from primary surgery and to correlate them with study treatment effect.

**Scheme:**

Age  $\geq$  65 years, N+ or N- (high risk T  $\geq$  2 cm or G II/III or receptor negative)



If ER and/or PR  $\oplus$ : Anastrozol 1 mg PO daily 5 years (in sequence to capecitabine)

**Update:**

- Planned accrual: 1394 patients.

**Related Publications:** None available

**Topics:**

- Bisphosphonates
- Capecitabine
- Elderly patients
- Hormonal therapy
- Predictive markers

**Keywords:** None available