Systemic treatment for metastatic breast cancer is palliative, and a primary goal of therapy is maintenance and improvement in quality of life. In recent years, there has been a shift in medical oncology practice toward the use of less intensive chemotherapy in the metastatic setting, including the use of sequential single agents rather than combinations. The background of this trend is the lack of evidence that combination regimens improve survival. However, in December 2000, O’Shaughnessy et al. reported an improvement in the response rate and survival for women treated with the combination of capecitabine and docetaxel compared to docetaxel alone. A strong scientific rationale for this combination exists; namely, docetaxel upregulates thymidine phosphorylase, the final enzyme that activates capecitabine to 5-fluorouracil. New trials in the adjuvant and neoadjuvant settings are evaluating this regimen, which is also commonly utilized in women with rapidly progressing metastases.

**EFFICACY OF XT VS T IN PATIENTS WITH ANTHRACYCINE-PRETREATED METASTATIC BREAST CANCER**

- **CAPTAIN** ( docetaxel $500 
  mg/m$^2$ IV q 3 weeks)
- ** hardness** ( docetaxel $100 $ mg/m$^2$ IV q 3 weeks)

**XT T**

- **CAPTAIN** ( docetaxel $500 
  mg/m$^2$ IV q 3 weeks)
- ** hardness** ( docetaxel $100 $ mg/m$^2$ IV q 3 weeks)

**XT VERSUS T: POST-STUDY CHEMOTHERAPY AFTER PROGRESSION**

<table>
<thead>
<tr>
<th>XT</th>
<th>T</th>
</tr>
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<tbody>
<tr>
<td>agent remitted</td>
<td>70%</td>
</tr>
</tbody>
</table>

**XT**

- ** capcitabine | 2% | 17% |
- ** FSF | 2% | 23% |
- ** vincristine | 31% | 26% |
- ** anthracyclines | 10% | 11% |
- ** docetaxel | 29% | 7% |

**T**

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* Reflects combination and single-agent chemotherapy regimens.

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