Two taxane-containing regimens have demonstrated improved efficacy in recent studies — dose-dense, every two-week AC > paclitaxel with growth factor support, and TAC (docetaxel, doxorubicin and cyclophosphamide). Because of the relatively high rate of febrile neutropenia, growth factor support was required for the TAC regimen.

Indirect comparison of these databases suggests similar efficacy and tolerability, and both have demonstrated an overall survival advantage in randomized trials. A taxane-containing regimen — AC followed by docetaxel — is commonly utilized in the adjuvant setting but has only been reported in a major randomized trial in the neoadjuvant setting. While the benefits in terms of disease-free and overall survival observed in CALGB 9741 are clear, it is unclear whether the advantage observed from the dose-dense every two-week scheduling is related to the AC portion of the regimen or the paclitaxel scheduling.

**SELECT PUBLICATIONS**


**ADJUVANT TAC VERSUS FAC (GEICAM-9805): IMPROVED OUTCOMES IDENTIFIED IN THE ADJUVANT TAC VERSUS FAC STUDY (CALGB-9741)**


**SECONDARY PROPHYLAXIS WITH G-CSF AND INCIDENCE OF FEBRILE NEUTROPENIA PER CYCLE OF TAC OR FAC: A RETROSPECTIVE SUBGROUP ANALYSIS FROM BCIRG-001**


**THREE-YEAR RESULTS OF CALGB-9741**

Kaufman PA et al. Randomized clinical trial comparing doxorubicin and cyclophosphamide (AC) with paclitaxel (P) followed by docetaxel (T) versus AC followed by T as initial treatment for patients with node-positive primary breast cancer. J Clin Oncol 2004;22(6):999-1007.

**USE OF ADJUVANT TAC**

Taxanes clearly offer benefit in the adjuvant setting, and I typically utilize the six-cycle TAC regimen. The disease-free and overall survival of dose-dense therapy and TAC are similar. Growth factor support, used in conjunction with TAC, reduces the rate of febrile neutropenia to that seen in CALGB-9741.