The encouraging results of CALGB-9741 have led to a new generation of Phase III randomized trials evaluating dose-dense chemotherapy. NSABP-B-38 is a new trial comparing every two-week dose-dense AC → paclitaxel to the other major taxane-containing regimen evaluated in large Phase III adjuvant trials, TAC (docetaxel, doxorubicin, cyclophosphamide) and a third experimental arm including dose-dense AC → paclitaxel/gemcitabine. The follow-up Intergroup trial to CALGB-9741 is SWOG-S0221, comparing a dose-dense metronomic regimen of AC to every two-week dose-dense AC → paclitaxel. A second randomization compares weekly to every two-week paclitaxel. Another strategy being investigated in current trials is the addition of capecitabine to docetaxel, which is included in ongoing US Oncology and MD Anderson studies.

**PHASE III RANDOMIZED STUDY OF THREE DIFFERENT ADJUVANT CHEMOTHERAPY REGIMENS**

**Prepared By:** NSABP-B-38, CTSU
Target accrual: 4,000 (Open)

**Eligibility**
- Node-positive breast cancer, with known ER status and PR status known only if ER-negative

<table>
<thead>
<tr>
<th>Arm</th>
<th>Schedule</th>
<th>Notes</th>
</tr>
</thead>
</table>
| ARM 1 | TAC q4w x 6 | T: doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(600 \text{mg/m}^2\) (Cycle 1) + doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(200 \text{mg/m}^2\) (Cycle 2) + doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(50 \text{mg/m}^2\) (Cycle 3) + doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(15 \text{mg/m}^2\) (Cycle 4) + doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(5 \text{mg/m}^2\) (Cycle 5) + doxorubicin \(40 \text{mg/m}^2\) + docetaxel \(75 \text{mg/m}^2\) + cyclophosphamide \(2 \text{mg/m}^2\) (Cycle 6) | Note: Beginning 3-7 weeks after the last dose of chemotherapy, patients with ER-positive and/or PR-positive tumors receive tamoxifen or an aromatase inhibitor. \[\text{Source:}\] NC1 Physicians Data Quarterly, October 2006.

**SELECT PUBLICATIONS**

- **Brown MR, et al.** Weekly (t) paclitaxel (P) followed by TAC as primary systemic chemotherapy (PSC) of primary breast cancer improves pathological complete response (pCR) rates when compared to every three-week TAC chemotherapy (CT) followed by PSC—final results of a prospective phase III randomized trial. *J Clin Oncol 2003;21(8):1431-9.*
- **Gnant M, et al.** Weekly (t) paclitaxel (P) followed by TAC as primary systemic chemotherapy (PSC) of primary breast cancer improves pathological complete response (pCR) rates when compared to every three-week TAC chemotherapy (CT) followed by PSC—final results of a prospective phase III randomized trial. *J Clin Oncol 2003;21(8):1431-9.*