

# Clinical trials of angiogenesis inhibitors for advanced breast cancer (metastatic) in all type of patients

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## 1 combination with CT

Trial	Treatments	Patients	Trials design and methods
<b>sorafenib + capecitabine vs capecitabine alone</b>			
RESILIENCE , 2013 <i>ongoing</i> n=NA follow-up:	-	advanced HER2-negative breast cancer	
<b>sorafenib + gemcitabine or capecitabine vs gemcitabine or capecitabine alone</b>			
Schwartzberg , 2013 [NCT00493636] n=NA follow-up:	sorafenib (400 mg, twice daily) versus placebo	patients with HER-2-negative advanced breast cancer that progressed during or after bevacizumab	Parallel groups double-blind

## References

### RESILIENCE, 2013:

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### Schwartzberg, 2013:

Schwartzberg LS, Tauer KW, Hermann RC, Makari-Judson G, Isaacs C, Beck JT, Kaklamani V, Stepanski EJ, Rugo HS, Wang W, Bell-McGuinn K, Kirshner JJ, Eisenberg P, Emanuelson R, Keaton M, Levine E, Medgyesy DC, Qamar R, Starr A, Ro SK, Lokker NA, Hudis CA, Sorafenib or placebo with either gemcitabine or capecitabine in patients with HER-2-negative advanced breast cancer that progressed during or after bevacizumab. *Clin Cancer Res* 2013;19:2745-54. [[23444220](#)] [10.1158/1078-0432.CCR-12-3177](#)

## 2 combination with CT (without taxanes)

Trial	Treatments	Patients	Trials design and methods
<b>bevacizumab + capecitabine vs capecitabine</b>			
AVF2119g (Miller) cape , 2005 n=232/230 follow-up:	capecitabine + bevacizumab 15 mg/kg iv every 3 weeks versus capecitabine (2,500 mg/m <sup>2</sup> /d) twice daily on day 1 through 14 every 3 weeks	patients with metastatic breast cancer previously treated with an anthracycline and a taxane	Parallel groups open US

continued...

Trial	Treatments	Patients	Trials design and methods
<b>RIBBON-I (Robert) on top capecitabine , 2009</b> n=NA follow-up:	Capecitabine + bevacizumab 15 mg/kg iv every 3 weeks versus capecitabine (Cape; 2,000 mg/m(2) for 14 days),	irst-line treatment of human epidermal growth factor receptor 2-negative, locally recurrent or metastatic breast cancer	double-blind
<b>bevacizumav + CT vs CT alone</b>			
<b>RIBBON-2 (Brufsky) , 2009</b> n=NA follow-up:	addition of BV to chemotherapies used as second-line treatment for MBC versus chemo+placebo	second-line treatment of human epidermal growth factor receptor 2-negative metastatic breast cancer	Parallel groups open 19 countries
<b>bevacizumab + methotrexate vs methotrexate</b>			
<b>Burstein , 2005</b> n=NA follow-up:	-	-	

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### Burstein, 2005:

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### 3 combination with ET

Trial	Treatments	Patients	Trials design and methods
<b>bevacizumab + endocrine therapy vs endocrine therapy</b>			
LEA n=NA follow-up:	bevacizumab + letrozole/fulvestrant versus letrozole or fulvestrant	first-line therapy in postmenopausal patients with human epidermal growth factor receptor 2 (HER2) -negative and hormone receptor-positive advanced breast cancer	
<b>cediranib + fulvestrant vs fulvestrant</b>			
Hyams [NCT00454805] n=NA follow-up:	-	-	
<b>enzastaurin + fulvestrant vs Fulvestrant</b>			
De Jong n=NA	-	-	
<b>Letrozole plus bevacizumab vs letrozole</b>			
Dickler (CALGB 40503 , 2015 n=NA	-	-	

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### 4 combination with taxanes

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>bevacizumab + docetaxel vs docetaxel</b>			
AVADO (Miles) 7.5mg , 2010 n=248/241 follow-up:	bevacizumab 7.5mg/kg every 3 weeks plus docetaxel versus placebo plus docetaxel	first-line treatment of HER2-negative metastatic breast cancer	double-blind
AVADO (Miles) 15mg , 2009 n=NA follow-up:	-	first-line treatment of HER2-negative metastatic breast cancer	
<b>bevacizumab + paclitaxel vs paclitaxel</b>			
Martin bevacizumab , 2011 n=NA follow-up:	bevacizumab 10 mg/kg intravenously on days 1 and 15 of each 28-day cycle versus control	patients with HER2-negative locally recurrent or metastatic breast cancer	open design
<b>motesanib + paclitaxel vs paclitaxel</b>			
Martin (motesanib) , 2011 [NCT00356681] n=91/94 follow-up:	motesanib 125 mg orally once per da versus placebo	patients with untreated HER2-negative metastatic breast cancer	double-blind
<b>sorafenib + paclitaxel vs paclitaxel alone</b>			
Gradishar , 2013 n=NA follow-up:	paclitaxel (90mg/m <sup>2</sup> ), weekly, intravenously, 3 weeks on/1 week off) plus sorafenib (400mg, orally, twice daily) versus paclitaxel (90mg/m <sup>2</sup> ), weekly, intravenously, 3 weeks on/1 week off)	first-line therapy in patients with HER2-negative advanced breast cancer	Parallel groups double-blind
<b>bevacizumab + taxanes vs taxanes</b>			
E2100 (Miller) , 2007 [NCT00028990] n=368/354 follow-up:	paclitaxel + bevacizumab 10 mg/kg iv every 2 weeks versus paclitaxel 90 mg per square meter of body-surface area on days 1, 8, and 15 every 4 weeks	patients with metastatic breast cancer not previously treated	Parallel groups open
RIBBON-I (Robert) on top Tax or anthra , 2009 n=NA follow-up:	Taxanes or anthracyclines + bevacizumab 15 mg/kg iv every 3 weeks versus taxane (Tax) -based (nab-paclitaxel 260 mg/m <sup>2</sup> , docetaxel 75 or 100 mg/m <sup>2</sup> ), or anthracycline (Anthra) -based (doxorubicin or epirubicin combinations [doxorubicin/cyclophosphamide, epirubicin/cyclophosphamide, fluorouracil/epirubicin/cyclophosphamide, o	irst-line treatment of human epidermal growth factor receptor 2-negative, locally recurrent or metastatic breast cancer	

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## 5 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

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