



# Oral or intravenous vinorelbine plus capecitabine in heavily pretreated HER2 negative metastatic breast cancer; similar effect or quality of life?

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Dear Editor,

I want to congratulate Torres and their colleagues [1] in which they investigated evaluated the efficacy and safety of the Vinorelbine/Capecitabine doublet (VINOCAP) in heavily pretreated HER2 negative metastatic breast cancer (MBC) patients with vinorelbine 22.5 mg/m<sup>2</sup> IV on days 1 and 8 combined with capecitabine 1 g PO BID for 14 consecutive days of 21 day cycles. They concluded that VINO-CAP appears to be an active and well-tolerated regimen in women with MBC, particularly as fourth or greater line of chemotherapy. Authors cited phase I and phase II clinical trials that used the combination of intravenous vinorelbine and capecitabine. Of note, among these, one study used oral vinorelbine instead of IV vinorelbine combined with capecitabine [2]. Furthermore, for many patients especially receiving third or fourth line chemotherapy, an active all-oral combination chemotherapy regimen that avoids the need for intravenous treatment administration visits at the clinic might be preferable [3]. The results of two consecutive phase II studies may suggest that oral and iv vinorelbine, in combination with capecitabine, can achieve similar responses in patients with MBC refractory to anthra-taxane combinations [4]. Taken all together all-oral combination regimen such as oral vinorelbine plus capecitabine might be offered as an alternative to VINOCAP, particularly if patients wish to avoid frequent clinic visits for intravenous therapy administration.

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## Compliance with ethical standards

**Conflict of interest** I have no conflict of interest to declare.

**Ethical approval** The manuscript complies with the Ethical Rules applicable for this journal.

**Research involving human and animal rights** This article does not contain any studies with human participants or animals performed by any of the authors.

## References

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