(PD) when any lesion grew larger than 25% in cross-sectional area or when any new lesion appeared.

Evaluation and Follow-up

Pretreatment evaluation included a detailed medical history, physical examination, complete blood and biochemical surveys, ECG, chest x-ray, bone scan, liver ultrasound and/or abdominal computed tomography (CT) scan. A complete blood count (CBC), blood biochemistry, and carcinoembryonic antigen were repeated prior to each course of chemotherapy. In the meantime, patients underwent a CBC not only during regular follow-up in the outpatient department but also in situations of fever or severe mucositis. Antitumor response was assessed every 3 cycles by giving a required abdominal sonography or CT scan to document measurable or evaluable disease or after every cycle if clinical examination results were adequate for response evaluation. All material pertaining to assessing the response was evaluated by 1 of the authors and 1 independent radiologist. Adverse effects were evaluated according to the ECOG criteria. Patients with CR, PR or SD remained in the protocol until progressive disease or unacceptable toxicity was documented.

RESULTS

Response to Therapy

All subjects had received adjuvant chemotherapy with an anthracycline-based regimen before, and their responses were considered evaluable. In total, 117 cycles of paclitaxel were administered to these patients and all cycles were at the full dose. The average treatment cycles was 4.68 cycles with a median of 4 (2-10). The overall response rate was 36% (95% CI: 35.83%-36.17%). Two patients achieved complete remission, 7 partial remission, and 6 stable disease, while 10 experience progressive disease. The median time to progression was 2.5 (range 0.5-7.6) months, and the median survival was 7 months. The response data with the respective responses to each target organ are summarized in Table 2.

Table 2. Response to Chemotherapy

	Overall	Metastatic site		
		Liver	Lung	Lymph nodes
CR	8%(2)	1/8	1/14	-
PR	28%(7)	2/8	6/14	2/10
SD	24%(6)	-	2/14	5/10
PD	40%(10)	5/8	5/14	3/10

CR = complete response; PR = partial response; SD = stable disease; PD = progressive disease.

Toxicity

Toxicities were evaluated and graded according to the ECOG criteria (Table 3). These toxicities were generally tolerable. Sensory neuropathy and myalgia were the major adverse effects note in this study. No treatment-related death was observed.

Survival

The median time to progression was 2.5 months. With a maximum follow-up of 13 months at the time of data collection, the median survival was 7 months.

DISCUSSION

Breast cancer is one of the most common malignancies and currently the fifth cause of cancer death in Taiwan.[15] It is despondent when encountering metastatic breast cancer patients even if improvements in screening, locoregional control, and adjuvant therapies are significant.[16] Chemotherapy is the optimal option for hormonal-refractory patients as adjuvant ther-

Table 3. Treatment-related Toxicity Graded According to ECOG Criteria (N = 25)

Toxicity	Grade 1	2	3	4	Total (%)
Leukopenia	1	1	3	3	8 (32)
Thrombocytopenia	0	1	0	0	1 (4)
Nausea	1	0	0	0	1 (4)
Vomiting	2	1	0	0	3 (12)
Hepatotoxicity	3	1	0	0	4 (16)
Renal toxicity	0	0	0	0	0 (0)
Cardiac toxicity	0	0	0	0	0 (0)
Sensory neuropathy	13	5	1	0	19 (76)
Myalgia	7	2	2	0	11 (44)