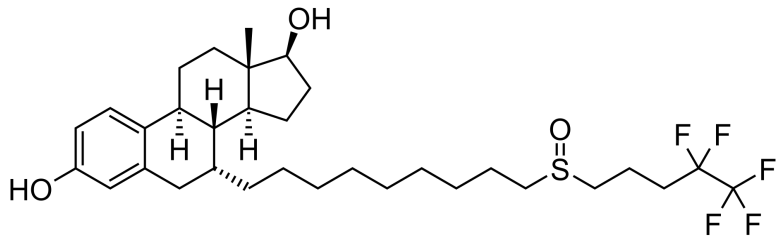
Brand Name: Fulvestrant
Generic: faslodex
Type: small molecule
Year Accepted/Phase: 2002

Mechanism:

Fulvestrant is a selective estrogen receptor degrader (SERD) that binds to estrogen receptors and accelerates their degradation. This reduces the number of estrogen receptors and inhibits the growth of estrogen receptor-positive breast cancer cells.

Chemical Structure:



Indication:

Faslodex is indicated for the treatment of hormone receptor-positive metastatic breast cancer in postmenopausal women with disease progression following endocrine therapy. It is also indicated for use as a first-line therapy for hormone receptor-positive advanced breast cancer in postmenopausal women.

Clinical trials:

CONFIRM Trial (Phase III)

Pubmed: https://pubmed.ncbi.nlm.nih.gov/20855825/

Purpose: Compare the efficacy and safety of fulvestrant 500 mg versus fulvestrant 250 mg in postmenopausal women with estrogen receptor-positive advanced breast cancer.
Dates: Conducted from 2005 to 2009.
Results: The CONFIRM (Comparison of Faslodex in Recurrent or Metastatic Breast Cancer) trial showed that the 500 mg dose of fulvestrant significantly improved progression-free survival (PFS) compared to the 250 mg dose. Median PFS was 6.5 months for the 500 mg group versus 5.5 months for the 250 mg group.
Impact: These results led to the approval of the higher 500 mg dose of fulvestrant, providing a more effective treatment option for patients with advanced breast cancer.

FALCON Trial (Phase III)

Pubmed: https://pubmed.ncbi.nlm.nih.gov/27908454/

Purpose: Evaluate the efficacy and safety of fulvestrant 500 mg compared to anastrozole 1 mg as first-line therapy for hormone receptor-positive advanced breast cancer in postmenopausal women.
Dates: Conducted from 2012 to 2016.
Results: The FALCON (Fulvestrant and Anastrozole Compared in Hormonal Therapy Naïve Advanced Breast Cancer) trial demonstrated that fulvestrant 500 mg significantly improved PFS compared to anastrozole. Median PFS was 16.6 months for fulvestrant versus 13.8 months for anastrozole.
Impact: The results of the FALCON trial supported the use of fulvestrant as a first-line therapy for hormone receptor-positive advanced breast cancer, highlighting its superior efficacy over anastrozole.

FIRST Trial (Phase II)

Pubmed: https://pubmed.ncbi.nlm.nih.gov/23065000/

Purpose: Compare the efficacy of fulvestrant 500 mg to anastrozole 1 mg in postmenopausal women with hormone receptor-positive advanced breast cancer.
Dates: Conducted from 2004 to 2010.
Results: The FIRST (Fulvestrant First-Line Study Comparing Endocrine Treatments) trial indicated that fulvestrant 500 mg provided a longer time to progression (TTP) compared to anastrozole. The median TTP was 23.4 months for fulvestrant versus 13.1 months for anastrozole.

Impact: The findings from the FIRST trial provided initial evidence for the benefits of fulvestrant over anastrozole, contributing to its consideration as a preferred treatment option for advanced breast cancer.