

## RESEARCH ARTICLE

# Clinical Study on Safety of Cantharidin Sodium and Shenmai Injection Combined with Chemotherapy in Treating Patients with Breast Cancer Postoperatively

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## Abstract

**Objectives:** To assess side effects on Cantharidin sodium and Shenmai injection combined with chemotherapy in treating patients with breast cancer postoperatively. **Method:** Patients with breast cancer receiving postoperative chemotherapy were retrospectively collected, and divided into four groups: group A with cantharidin sodium injection combined with chemotherapy; group B with Shenmai injection combined with chemotherapy; group C with both cantharidin sodium and Shenmai injection combined with chemotherapy; while group D (control group) received chemotherapy alone. All patients were administered docetaxel at a dose of 75 mg/m<sup>2</sup> on day 1, epirubicin hydrochloride at a dose of 60 mg/m<sup>2</sup> on day 1, and cyclophosphamide at a dose of 500 mg/m<sup>2</sup> on day 1 for 3 cycles (repeated at 21 day intervals). After ≥ three courses of treatment, quality of life and side effects were evaluated. **Results:** There were a total of 78 patients in this study, and the incidence of leukopenia and gastrointestinal reactions in groups A and B were lower than those in the control group and lowest in group C ( $p < 0.05$ ). **Conclusions:** Thus cantharidin sodium and Shenmai injection combined with chemotherapy reduce side effects and deserve to be further investigated in randomized clinical control trials.

**Keywords:** Cantharides sodium injection - Shenmai injection- chemotherapy - breast cancer treatment

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## Introduction

Breast cancer is one of the leading causes of death for women worldwide, chemotherapy is one of the important treatment for breast cancer. Chemotherapy may relieve breast cancer-related symptoms, improve quality of life and prolong survival in some patients with breast cancer. At present a number of chemotherapeutic options exist, including CM, PAC, NACT, etc.

However, dose-limiting toxicities are the most critical limitations of chemotherapy. Therefore, agents with the ability to increase efficacy without increasing toxicity are needed.

Cantharidin sodium injection, which is a semi-synthetic derivative of cantharidin, has been developed in China. Cantharidinate sodium injection is one of Chinese herbal preparation with anti-cancer activity, which mainly used for the treatment of solid tumor including breast cancer (Wang et al., 2009; Huang et al., 2010; Zhang et al., 2012).

Shenmai injection has a long history of application in China. It is developed and manufactured by Hangzhou Chiatai qingchunbao pharmaceutical co., LTD in China, and is composed of two herb ingredients, namely

ginsenosides and ophiopogonis. It was initially used for the treatment of a dual deficiency of qi and yin with symptoms of thirst and general weakness while suffering from heat stroke, fatigue, etc. According to TCM theory, Shenmai injection can reduce fatigue, thirst, general weakness, etc. It is widely used now to treat patients with cardiac disease, fatigue and cancer. Many patients have symptoms of general weakness, thirst, and fatigue after chemotherapy. These symptoms are similar to the syndrome of qi and yin deficiency diagnosed by TCM theory. So, our hypothesis is that the combination of Chemotherapy and cantharidinate sodium and Shenmai injection could be superior to chemotherapy alone or chemotherapy combined with only one of them in terms of efficacy and toxicity when treating patients with breast cancer.

## Materials and Methods

### Patient eligibility

All the Patients were diagnosed pathologically as breast cancer, with radical mastectomy, with karnofsky performance status ≥60, aged between 18-75 years, predicted survival time ≥3 months, with adequate bone marrow (white blood cell count  $>4.0 \times 10^9$  and

platelet count >100×10<sup>9</sup>), liver function (bilirubin and transaminases <2 times the upper limit normal), no evidence of heart and kidney disease, signed an informed consent before chemotherapy.

Patients excluded from the study if they failed to complete more than three cycles of chemotherapy, with any serious medical or psychiatric condition, other malignancies, Pregnant or lactating women are excluded from the study.

*Treatment method*

Eligible patients were divided into cantharidin sodium injection group (Group A), Shenmai injection group (Group B), cantharidin sodium and Shenmai injection group (Group C) and control group (Group D). Each patient received chemotherapy of EC-T (CTX 500 mg/m<sup>2</sup> by intravenous infusion (iv) on day 1, EPI 60 mg/m<sup>2</sup> by intravenous infusion (iv) on day 1, DOX 75 mg/m<sup>2</sup> by intravenous infusion (iv) on day 1), Group A: cantharidin sodium injection 0.5 g iv on day 1. Group B: Shenmai injection 50 ml iv on day 1. Group C: both cantharidin sodium injection 0.5 g and Shenmai injection 50ml iv on day 1. GroupD:just chemotherapy.

*Statistical analysis*

SPSS13.0 statistical software was used for statistical analysis. Statistically significant difference was set at *p*<0.05. We have enough experience in conducting medical researches, and have published some results elsewhere (Gong et al., 2012; Li et al., 2012; Yu et al., 2012; Deng et al., 2013; Huang et al., 2013; Huang et al., 2013; Liu

et al., 2013; Wu et al., 2013; Lu et al., 2013; Shen et al., 2013; Yan et al., 2013).

**Results**

Seventy-eight patients meet the study criteria and entered four study groups and completed more than three cycles of chemotherapy. General characteristics of patients are shown in Table 1.

*Efficacy Observation*

There are 20 patients in group A, D each , 19 in group B, C each. Efficacy 78 patients fulfilled eligibility had completed at least 3 cycles of treatment. we reviewed the imaging studies performed at the initiation of therapy. Follow-up imaging was performed after three cycles of chemotherapy. All imaging was reviewed by one thoracic radiologist. And three cycles nobody was disease progression.

*Toxicity*

In 4 groups, main adverse reactions are hematologic, gastrointestinal, and fatigue (*p*<0.05). The difference of incidence in baldness, renal function abnormality, peripheral neuritis among four groups is not statistically significant (*p*>0.05), but the incidence of nausea and vomiting, bone marrow suppression in III-IV lever and fatigue in group A and group B is lower than those in group D, but higher than those in group C, with statistically significant difference (*p*<0.05) and there's no significant difference between group A and group B (*p*>0.05). Otherwise, the incidence of elevated ALT among group A, B, D is not statistically significant, but lower in group C (Table 2).

**Table 1. Clinical Characteristics**

Variable	Group A (n=20)	Group B (n=19)	Group C (n=19)	Group D (n=20)
Median age (years)	48.2 (30-66)	51.6 (37-71)	48.6 (34-64)	46 (31-65)
Surgery	5	2	4	1
breast-conserving operation				
Modified radical mastectomy	15	17	15	19
Histological subtype	20	19	19	20
IDC				
Tumour stage				
I-II	16	17	18	18
III-IV	4	2	1	2

IDC, invasive duct carcinoma

**Discussion**

An increasing number of patients suffering from breast cancer were diagnosed yearly, and patients with advanced disease should be treated with adjuvant chemotherapy after surgery. Many side effects, such as lower white blood cell count, general weakness and loss of appetite are reported during and after adjuvant chemotherapy. These side effects may lower the quality of life of these patients.

Cantharidin is a sesquiterpene derivatives extracted from the Mylabris body (Verma et al., 2012). Cantharidin

**Table 2. Adverse Reactions**

Adverse reactions	Group A n=20					Group B n=19					Group C n=19					Group D n=20				
	I	II	III	IV	Incidence rates/%	I	II	III	IV	Incidence rates/%	I	II	III	IV	Incidence rates/%	I	II	III	IV	Incidence rates/%
Leukocytopenia	3	3	2	0	40	7	0	1	0	50	4	2	0	0	32	1	4	3	2	50
Nausea and vomiting	5	2	0	0	35	5	2	0	0	37	1	0	0	0	5	7	5	0	0	60
Baldness	2	10	8	0	100	2	12	5	0	100	1	12	6	0	100	2	11	7	0	100
Liverdysfunction	2	3	0	1	30	3	2	0	0	26	1	0	0	0	5	1	2	0	1	20
Fatige	3	2	1	0	30	4	2	0	0	32	2	0	0	0	10	7	3	2	2	70
Renal function abnormality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peripheral neuritis	1	0	0	0	5	0	0	0	0	0	0	0	0	0	0	1	0	0	0	5

sodium is a semi-synthetic derivative of cantharidin. Studies have shown that the main active ingredient is cantharidin, which has characteristics of anti-cancer without causing myelosuppression and it can promote hematopoietic stem cells to accomplish differentiation into myelomonocytic in order to increase the leukocyte (Zhang et al., 2012).

Shenmai injection is derived from a famous traditional Chinese herbal prescription Shendong yin, and was first recorded in Zhengyin Maizhi (Pattern, Cause, Pulse, and Treatment) by Jing-Ming Qin in 1702 AD. It was found to be effective for treating chemotherapy related adverse reactions in patients with breast cancer (Wang et al., 2011)

This study suggested that the incidence of nausea and vomiting, Leukopenia in III-IV lever and fatigue in group A and B was lower than those in group D, but higher than in group C. Thus, Each of cantharidin and Shenmai injection combined with Chemotherapy could reduce side effects caused by chemotherapy and could improve quality of life and this result is consistent with previous studies (Wang et al., 2011, Zhang et al., 2012), and this effect was suggested to be more remarkable when both of them are administered together. However, our results deserve to be further investigated by randomized controlled clinical trails.

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## References

- Bajsa J, Pan Z, Duke SO (2011). Transcriptional responses to cantharidin, a protein phosphatase inhibitor, in Arabidopsis thaliana reveal the involvement of multiple signal transduction pathways. *Physiol Plant*, **143**, 188-205.
- De Angelis V (2004). Activity, objective response, WHO and RECIST (Response Evaluation Criteria In Solid Tumor) evaluation criteria. *Suppl Tumori*, **3**, 7-9.
- Deng QQ, Huang XE, Ye LH, et al (2013). Phase II Trial of Loubo® (Lobaplatin) and Pemetrexed for Patients with Metastatic Breast Cancer not Responding to Anthracycline or Taxanes. *Asian Pac J Cancer Prev*, **14**, 413-7.
- Gong P, Huang XE, Chen CY, et al (2012). Comparison on complications of peripherally inserted central catheters by ultrasound guide or conventional method in cancer patients. *Asian Pac J Cancer Prev*, **13**, 1873-5.
- Gupta D, Lis CG, Grutsch JF (2007). The relationship between cancer-related fatigue and patient satisfaction with quality of life in cancer. *J Pain Symptom Manage*, **34**, 40-7.
- Hsieh CH, Huang YC, Tsai TH, Chen YJ (2011). Cantharidin modulates development of human monocyte-derived dendritic cells. *Toxicol In Vitro*, **25**, 1740-7.
- Huang SY, Cao KY (2010). Anti-invasive and anti-metastasis effect of norcantharidin on high-metastatic human breast cancer cell lines. *J Trop Med*, **9**, 1034-45.
- Huang XE, Wei GL, Huo JG, et al (2013). Intrapleural or intraperitoneal lobaplatin for treatment of patients with malignant pleural effusion or ascites. *Asian Pac J Cancer Prev*, **14**, 2611-4.
- Huang XE, Tian GY, Cao J, et al (2013). Pemetrexed as a component of first-, second- and third-line chemotherapy in treating patients with metastatic lung adenocarcinoma. *Asian Pac J Cancer Prev*, **14**, 6663-7.
- Li CG, Huang XE, Xu L, et al (2012). Clinical application of serum tumor associated material (TAM) from non-small cell lung cancer patients. *Asian Pac J Cancer Prev*, **13**, 301-4.
- Liu X-Y, Lai S-L, Guo X-F, Lao Y-R (2005). Shen-Mai injection as an adjunct therapy to tumor chemotherapy a systematic review. *Chinese J Evidence-Based Medicine*, **1**, 22-28.
- Liu J, Huang XE, Tian GY, et al (2013). Phase II Study on safety and efficacy of Yadanzi® (Javanica oil emulsion injection) combined with chemotherapy for patients with gastric cancer. *Asian Pac J Cancer Prev*, **14**, 2009-12.
- Lo LC, Chen CY, Chen ST, et al (2012). Therapeutic efficacy of traditional Chinese medicine, Shen-Mai San, in cancer patients undergoing chemotherapy or radiotherapy: study protocol for a randomized, double-blind, placebo-controlled trial. *Trials*, **13**, 232.
- Qin CY, Maizhi Z (2000). Pattern, Cause, Pulse, and Treatment, Ancient Books of TCM, Beijing, China.
- Shi M, Shen Y (2012). Shenmai Injection for treatment of viral myocarditis: a meta-analysis. *Chin Trad Patent Med*, **10**, 1882-6.
- Shen B, Zheng MQ, Lu JW, et al (2013). CXCL12-CXCR4 promotes proliferation and invasion of pancreatic cancer cells. *Asian Pac J Cancer Prev*, **14**, 5403-8.
- Shu JZ, Wang QR (2008). Meta analysis of the treatment for acute cerebral infarction with Shenmai injection and compound salvia miltiorrhiza injection. *Mod J Integ Trad Chin West Med*, **17**, 973-6.
- Siegel R, Naishadham D, Jemal A (2013). Cancer statistics, 2013. *CA Cancer J Clin*, **11**, 11-30.
- Verma AK, Prasad SB (2012). Bioactive component, cantharidin from Mylabris cichorii and its antitumor activity against Ehrlich ascites carcinoma. *Cell Biol Toxicol*, **28**, 133-47.
- Wang J, Zhang L (2011). The clinical effect of TE chemotherapy regime, with Shenmai injection in the treatment of advanced breast cancer. *J Pharmaceutical Practice*, **3**, 184-95.
- Wang JY, Liu GJ (2009). Effect of norcantharidin on the expression of VEGF mRNA in human breast cancer cell lines. *Chin Arch Trad Chin Med*, **11**, 2369-73.
- Wang Y, Ma KF, Zhang XG, Hu YZ, Shentu JZ (2011). Shenmai Injection in coronary heart disease patients: a systematic review and Meta-analysis. *Chinese J Hospital Pharmacy*, **15**, 1314-7.
- Wu XY, Huang XE, You SX, et al (2013). Phase II study of pemetrexed as second or third line combined chemotherapy in patients with colorectal cancer. *Asian Pac J Cancer Prev*, **14**, 2019-22.
- Xia CH, Sun JG, Wang GJ, et al (2010). Herb-drug interactions: in vivo and in vitro effect of shenmai injection, a herbal preparation, on the metabolic activities of hepatic cytochrome P450 3A1/2, 2C6, 1A2 and 2E1 in rats. *Plant Medica*, **76**, 245-50.
- Yan HA, Shen K, Huang XE (2013). Clinical study on mannan peptide combined with TP regimen in treating patients with non-small cell lung cancer. *Asian Pac J Cancer Prev*, **14**, 4801-4.
- Yu DS, Huang XE, Zhou JN, et al (2012). A comparative study on the value of anal preserving surgery for aged people with low rectal carcinoma in Jiangsu, China. *Asian Pac J Cancer Prev*, **13**, 2339-40.
- Zhan YP, Huang XE, Cao J, et al (2012). Clinical study on safety and efficacy of Qinin® (Cantharidin Sodium) injection combined with chemotherapy in treating patients with gastric cancer. *Asian Pac J Cancer Prev*, **13**, 4773-6.
- Zhang WL, Yan TH, Liu B, et al (2011). Systematic reviews and

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Meta-analysis of Shenmai injection with chemotherapy on treatment of patients with NSCLC. *Practical Pharmacy and Clinical Remedies*, **2**, 95-101.

Zhang JH, Zhang G (2012). Clinical observation of Fufang Ban mao capsule for breast cancer patients neo-adjuvant chemotherapy. *Chin J Clin Oncol Rehabil*, 2-0147-03.