PALBOCICLIB AND RIBOCICLIB: DOSE ADJUSTMENT BY TOXICITY AND ITS IMPACT IN HEALTH OUTCOMES.

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BACKGROUND AND OBJECTIVES

Most patients treated CDK4/6 inhibitors require dose adjustments due to toxicity.

AIM AND OBJECTIVES

To analyze the toxicity associated with palbociclib and ribociclib leading to dose reduction and its weighting in health outcomes, measured in overall survival (OS)

MATERIAL AND METHODS

Descriptive, retrospective, single-center study included patients with hormone receptor-positive and HER2- advanced or metastatic luminal breast cancer treated with palbociclib or ribociclib between January 1, 2018, and April 1, 2022.

Data analysis was completed on January 31, 2023.

Demographic and clinical variables:
- the electronic medical record program
- treatment-related from the outpatient dispensing program

A descriptive analysis:
- Quantitative variables: Position measures (median and interquartile range)
- Qualitative variables: Frequencies (segmented by drug)

Differences between drugs were assessed with statistical tests such as Kolmogorov-Smirnov, Shapiro-Wilk, Student t test and chi-square. For OS, the Kaplan-Meier method and the Log-Rank test were applied, considering p values <0.05 as significant (SPSSv28).

RESULTS

Parameter	PALBOCICLIB	RIBOCICLIB
Number of patients	23	22
Average age at the start of treatment	61years (IQR 51-67)	53years (IQR 46-62)
First-line treatment	52%	68%
Start with full doses	91%	86%
General toxicity	96%	100%
Dose adjustment needed	43%	50%
Toxicity that led to dose adjustment	- Neutropenia (90%)	- Neutropenia (55%)
	- Asthenia and anemia (10%)	- Dermal toxicity (27%)
		- Hypertransaminasemia (9%)
		- Diarrhea (9%)
Significant differences	No	No
OS	39.5 months (95% CI 31 to 48)	29.1 months (95% CI 24 to 34)

CONCLUSION AND RELEVANCE

Although no significant differences in toxicity management are observed between Palbociclib and Ribociclib in clinical practice, there are statistically proven differences in toxicities that motivate dose adjustment. The OS data obtained in both groups are comparable, which is expected since there are no differences in the management of dose adjustment.

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