

EFFECTIVENESS AND TOLERABILITY OF CYCLINDEPENDENT KINASE INHIBITOR TREATMENT IN METASTATIC BREAST CANCER: REAL-LIFE DATA.

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Abstract number: 4CPS-076
ATC code: 4. Historical research

Background and importance

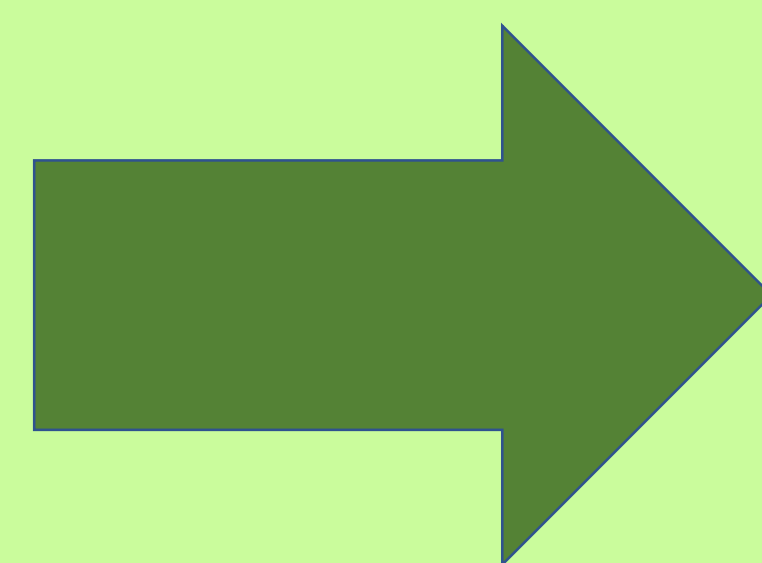
Cyclin dependent kinase inhibitors (CDKs) are commonly used in hormone receptor positive (RH+) and human epidermal growth factor receptor 2 (HER2-) metastatic breast cancer, but these therapies require adequate management of potentially severe adverse events (AE).

Aim and objectives

To determine effectiveness and tolerability of CDKs in real clinical practice and compare it with that obtained in clinical trials (CT).

Material and methods

- A multicentre, retrospective study
- Feb-17 to Sept-22
- Patients treated with : palbociclib (PB), ribociclib (RB) and abemaciclib (AB).



Age, sex, median follow-up, delays, discontinuations and dose reductions (DR), progression free survival (PFS) applying the Kaplan–Meier statistic and AE*

*Reported by patients according to the common terminology criteria for adverse events (CTCAE).

Results

Seventy woman started PB (62,8%), RB (8,6%) or AB (28,6%) treatment (mean age 62.6±11,48 years). At the end of the study, none of the patients treated with ribociclib had progressed. Mean PFS of PB patients vs AB patients (10 vs 8 p=0,65). PFS in PB patients with DR vs without DR (p=0,48) and PFS in AB patients with DR vs without DR (p=0,33). The rest of the variables are shown in **table 1**.

	PALBOCICLIB	RIBOCICLIB	ABEMACICLIB
Median Follow Up (months)	24,2	13,53	7
Median PFS (months)	10	8	No reached
Delays of treatment rate	45,5%	58%	66,7%
Discontinuation rate	9%	15%	0%
DR rate	41%	55%	33,3%
Neutropenia rate	54,5%	40%	83,3%
Grade 3-4 neutropenia rate	43,18%	20%	66,66%
Grade 3-4 digestive toxicities rate	0%	10%	0

Conclusion and relevance

- ✓ In our experience PB, RB and AB were effectives alternatives with a manageable medium-term safety profile.
- ✓ Median PFS of PB and AB patients were lower than in their CT, although in AB patients this may be due to the short median follow-up. No statistically significant difference between PFS of PB and AB was obtained.
- ✓ A significant percentage of DR with PB,RB and AB was observed but in our experience patients with dose reductions weren't more likely to progress.
- ✓ In clinical practice, the incidence of digestive toxicities was lower in AB patients, the incidence of grade 3-4 neutropenia was higher in RB and AB patients and lower in PB patients than in CT.