

EFFECTIVENESS AND SAFETY OF ERIBULIN FOR ADVANCED BREAST CANCER TREATMENT

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BACKGROUND

USE

Monotherapy. Second line treatment of locally advanced or metastatic breast cancer (mBC)

ESMO-MCBS score

Level 2 according to EMBRACE study

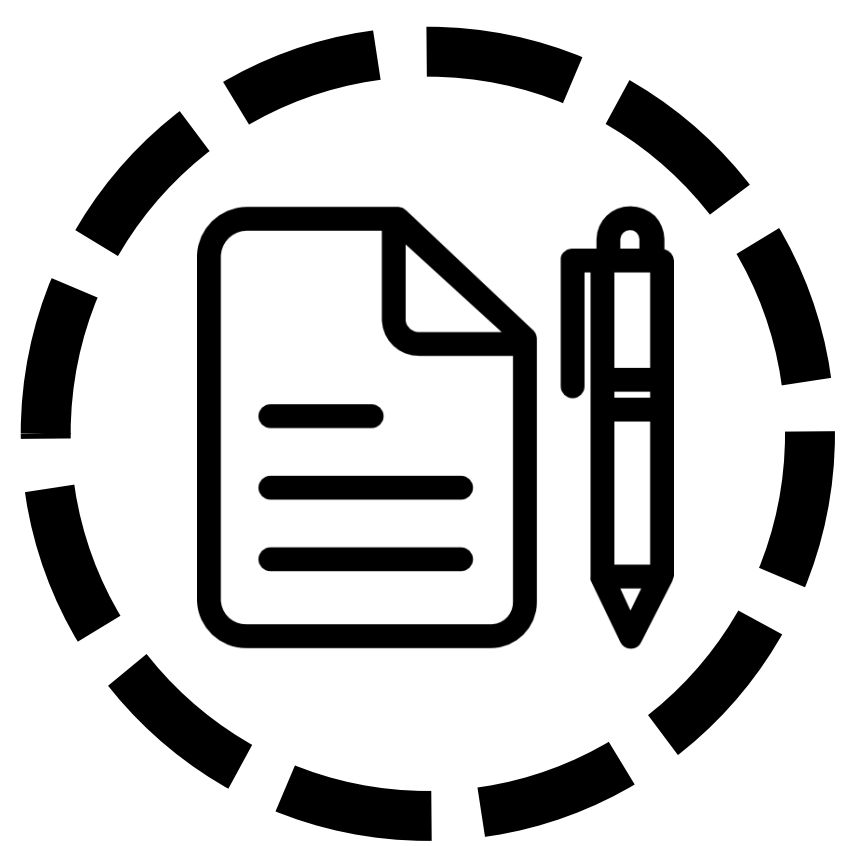
Cortes J, O'Shaughnessy J, Loesch D, Blum JL, Vahdat LT, Petrakova K et al. Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. *Lancet*. 2011; 377(9769):914-23.

OBJECTIVES



Progression-free survival (PFS) and safety of eribulin in real clinical practice

MATERIALS and METHODS



- ✓ Observational
- ✓ Retrospective
- ✓ Descriptive

Patients with mBC – Eribulin treatment
[April 2014 - May 2019]

- HER-2 status
- Hormone receptor status
- Previous regimens for mBC
- Number of eribulin cycles
- Time to progression or death
- Treatment related adverse events

RESULTS



34 patients ♀
Median age at initiation therapy was 54.1 (IQR=19.2) years

Her-2 negative 82%

Hormone receptor positive 82%

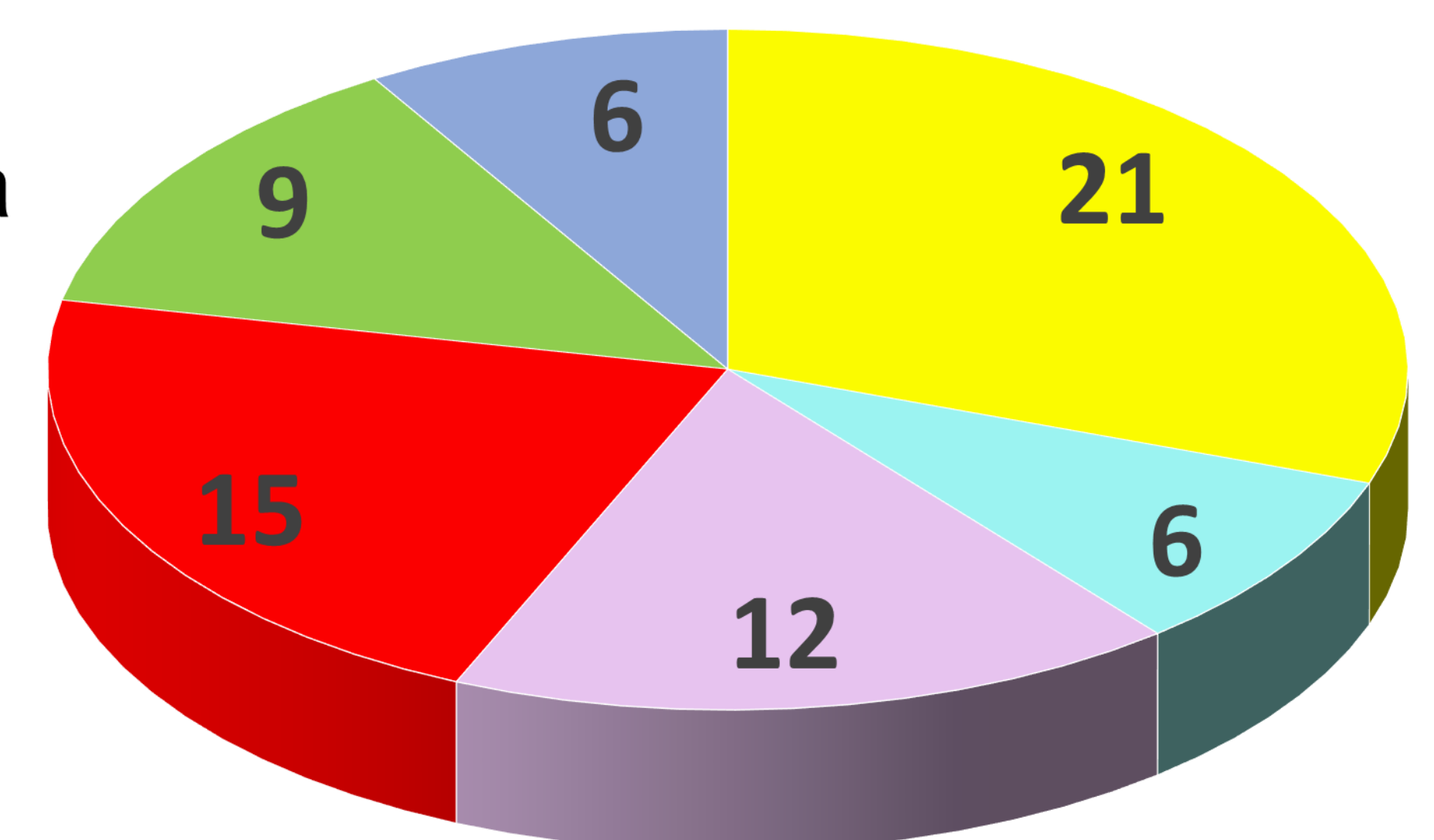
Three or more previous regimens 56%

Median cycles 5 (IQR=4.3)

Median PFS 3.5 months (IQR=4.2)

SIDE EFFECTS (%) 41%

- Neutropenia
- Thrombocytopenia
- Mucositis
- Asthenia
- Hepatotoxicity
- Peripheral neuropathy



CONCLUSIONS



- ✓ The PFS benefit observed in our study was similar to that reported in pivotal clinical trial.
- ✓ Adverse events were consistent with those reported in clinical trial though the incidence was lower.

Conflict of interest: nothing to disclose

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