

TREATMENT OF CYCLIN INHIBITOR INDUCED NEUTROPENIA: IMPACT ON PROGRESSION FREE SURVIVAL

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BACKGROUND AND IMPORTANCE

The incidence of neutropaenia in Cyclin-Inhibitor (CI) treatment of luminal metastatic breast cancer (LMBC) is very high and leads to a reduction or delay in the needed dose.

AIM AND OBJECTIVES

To analyze the efficacy of Granulocyte Colony-Stimulating Factor (G-CSF) in CI treatment. We used filgrastim as G-CSF.

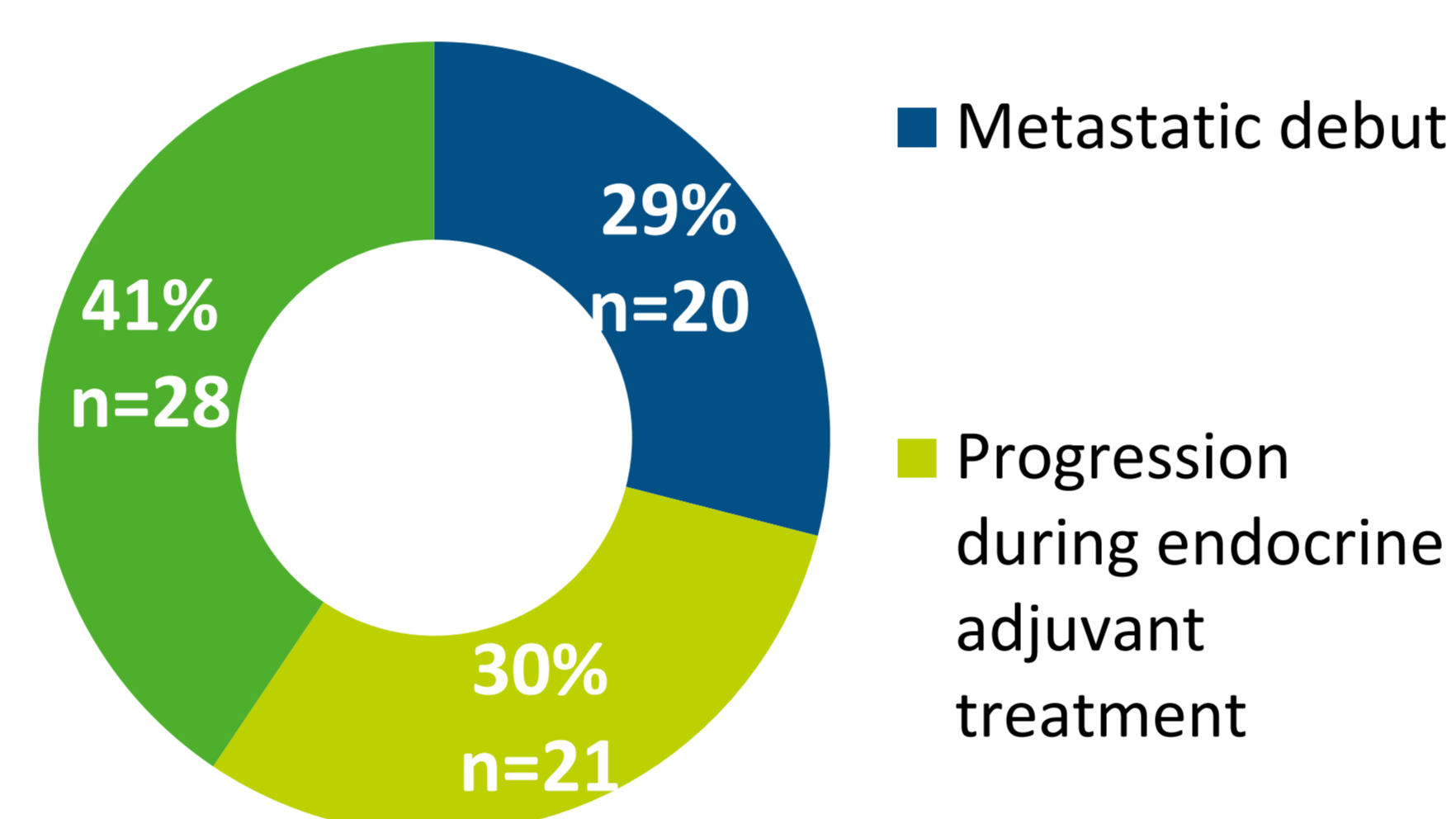
MATERIAL AND METHODS

A retrospective study of the patients that initiated CI treatment between March 2018 and April 2020.

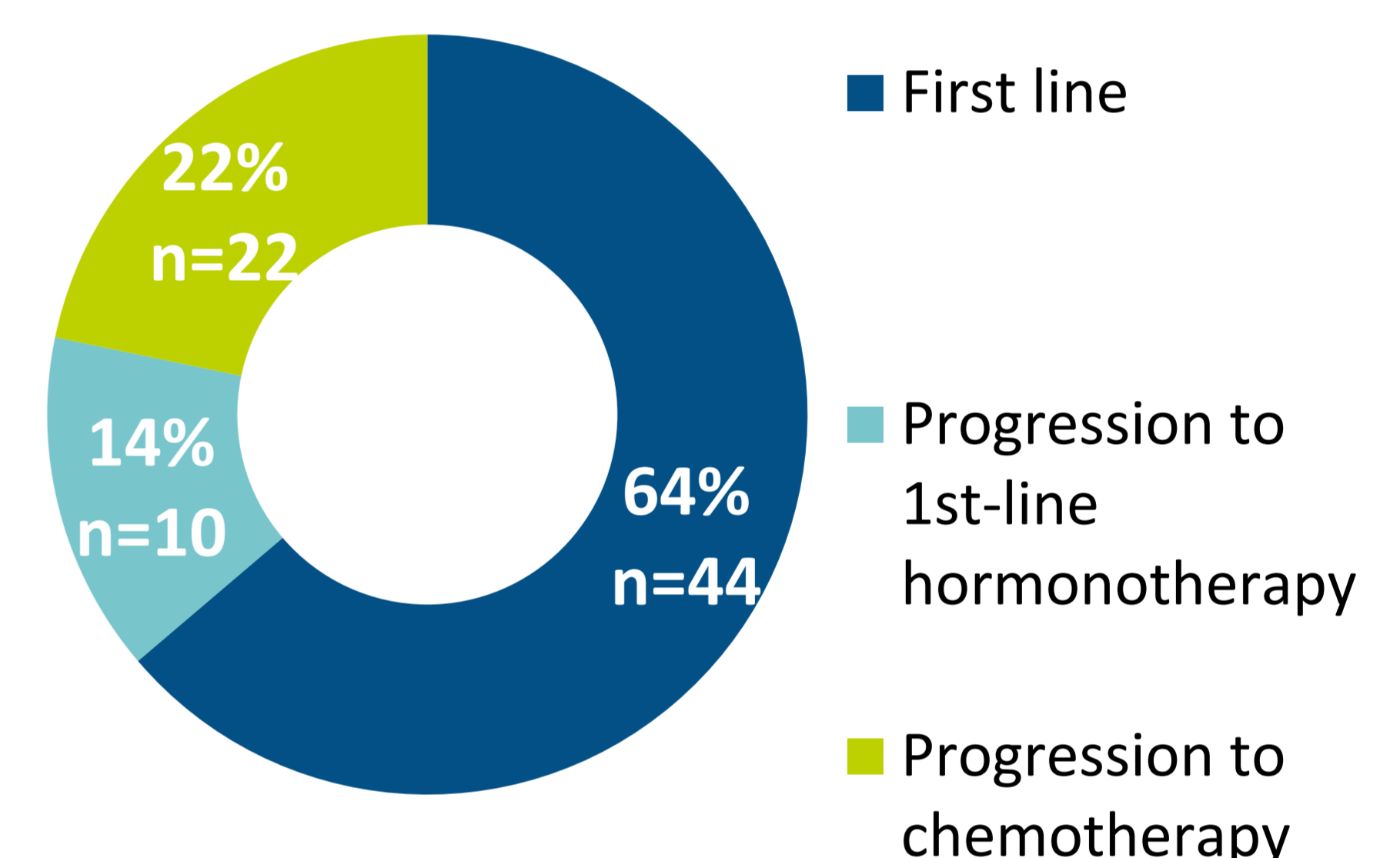
RESULTS

N	Age (years)
69	65 (41-89)
Patients with neutropaenia	Patients with Filgrastim treatment
58	39

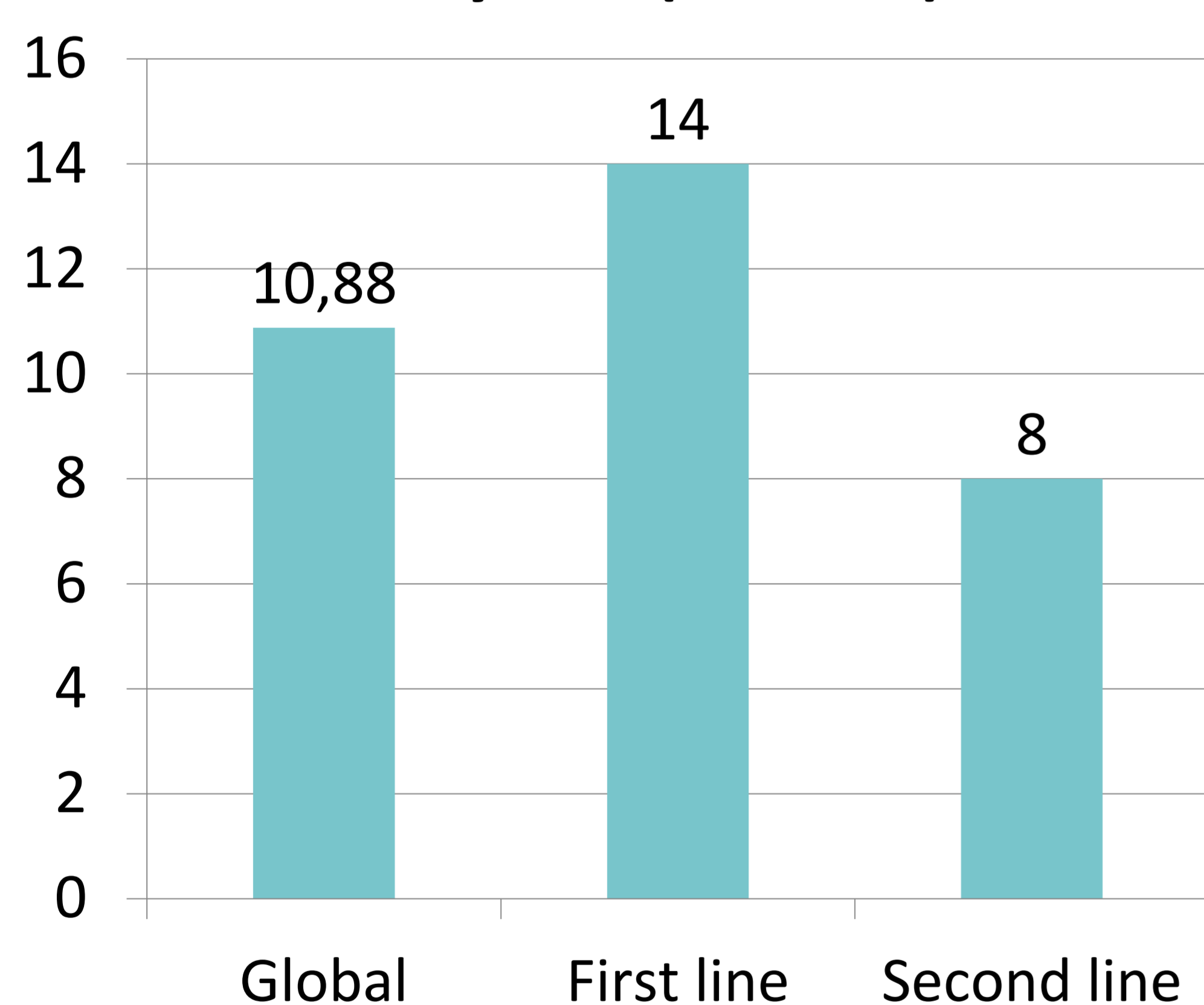
Population distribution



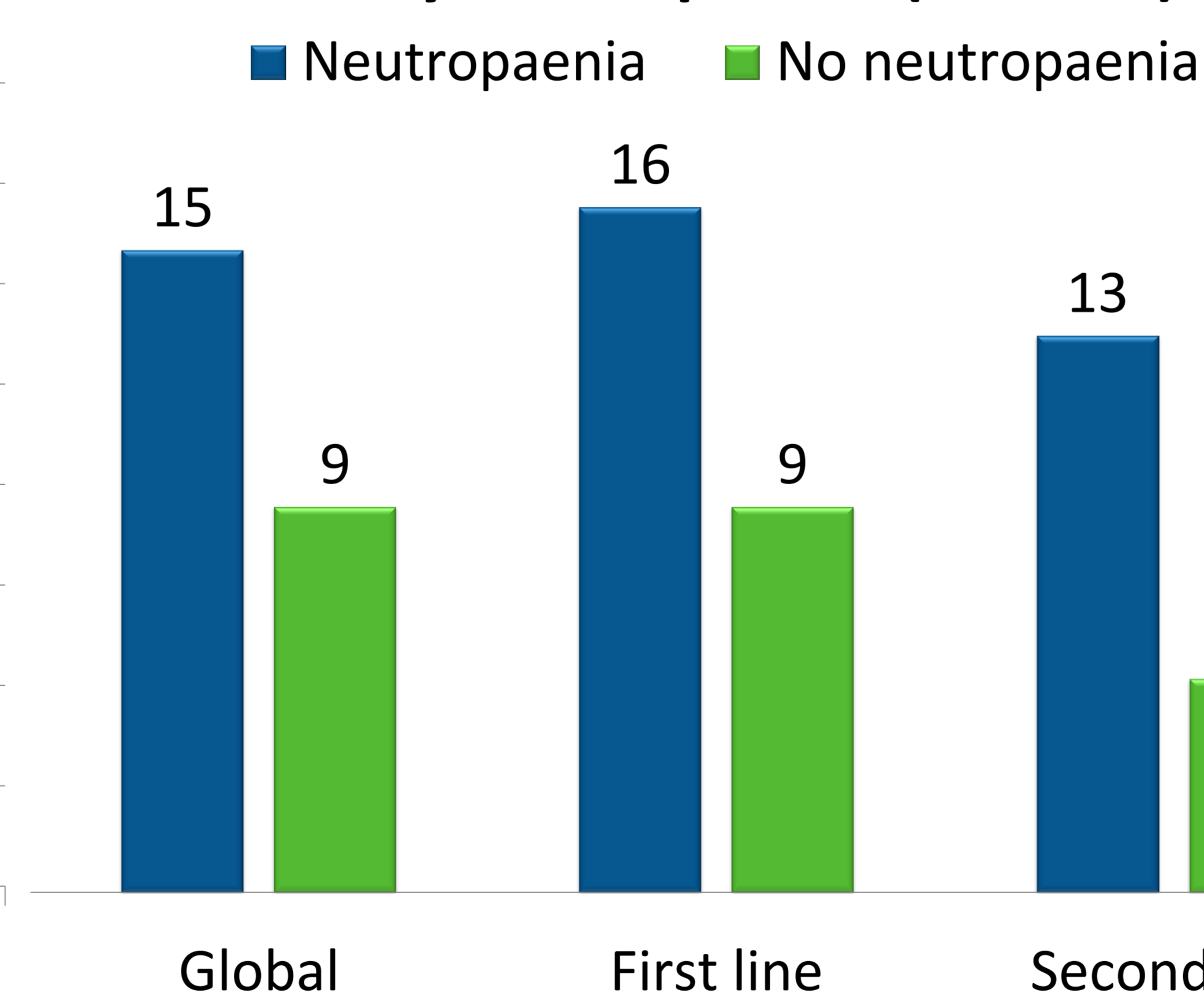
CI treatment



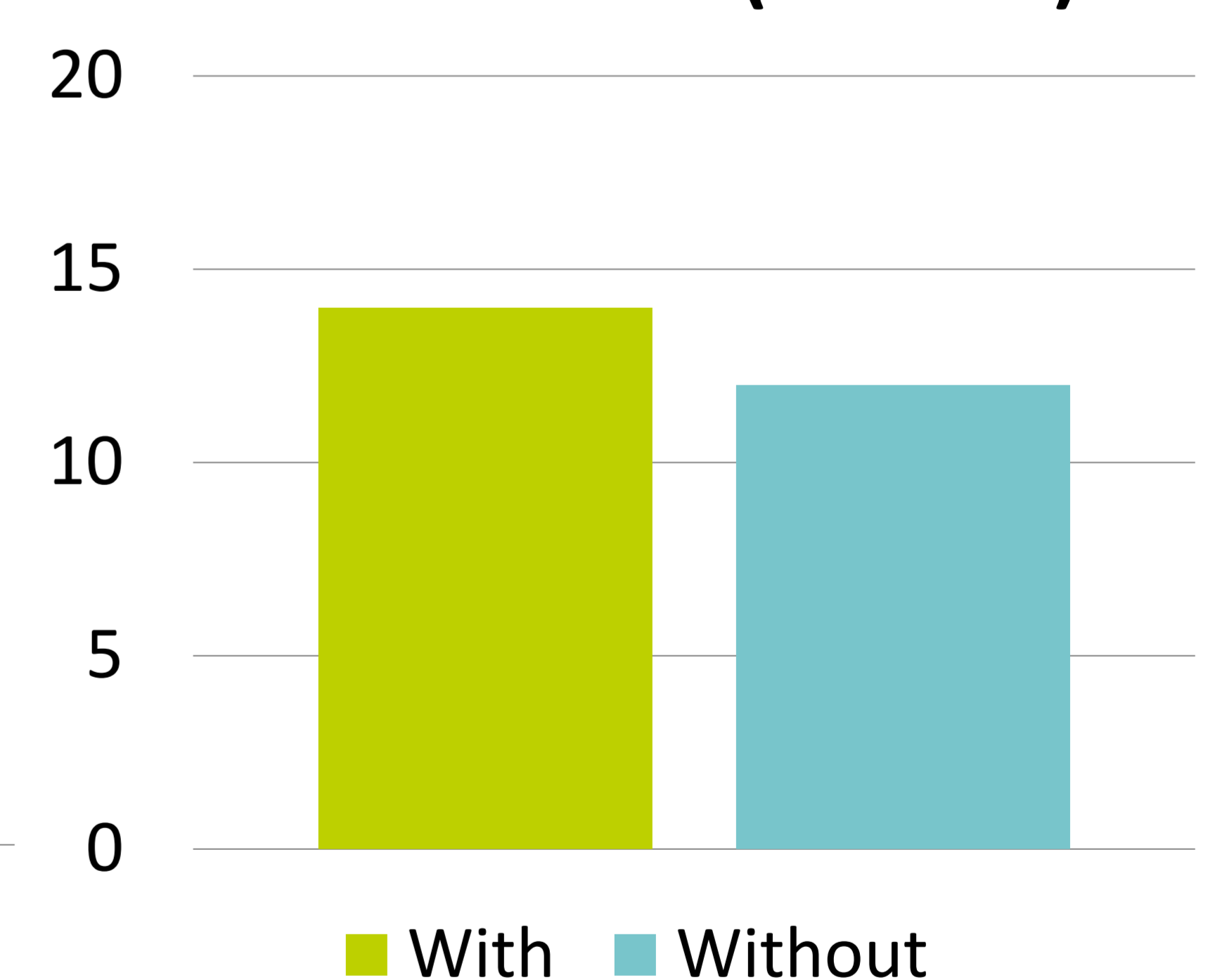
PFS by line (months)



PFS by neutropaenia (months)



PFS by filgrastim administration (months)



CONCLUSION AND RELEVANCE

- ❖ CI-induced neutropenia is a widespread complication and correlates with PFS in our patients' cohort: 15 vs. 8 months in the whole group. G-CSF treatment does not affect PFS but can help to maintain treatment and avoid early relapses.
- ❖ It should be studied whether neutropaenia induced by treatment with CI behaves as a prognostic factor and whether the use of G-CSF could provide us with a clinical benefit.