INCIDENCE OF NEUTROPENIA AND EFFECTIVENESS OF PALBOCICLIB IN CLINICAL PRACTICE IN METASTATIC BREAST CANCER AFTER 4 YEARS OF USE

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BACKGROUND

The inhibitor of cyclin-dependent kinases 4 and 6 palbociclib was a major advance in the treatment of metastatic breast cancer.

PURPOSE

To describe the effectiveness and incidence of neutropenia of palbociclib in clinical practice.

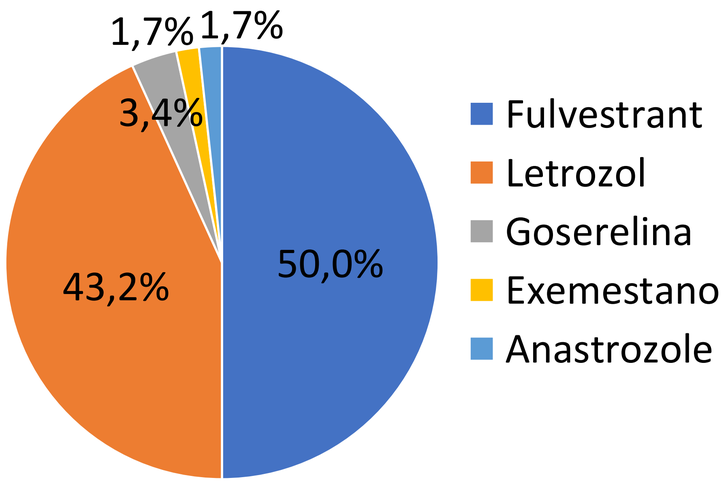
MATERIAL AND METHODS

- Retrospective study of patients with metastatic or locally advanced breast cancer treated with palbociclib on any line in a tertiary hospital between
- **Period**: July 2016 and August 2020.
- Demographic variables were collected: start and end date of the drug, concomitant hormonal treatment and treatment with denosumab.
- The presence of neutropenia was assessed before the start, on day 15 of the first cycle and with each reduction.

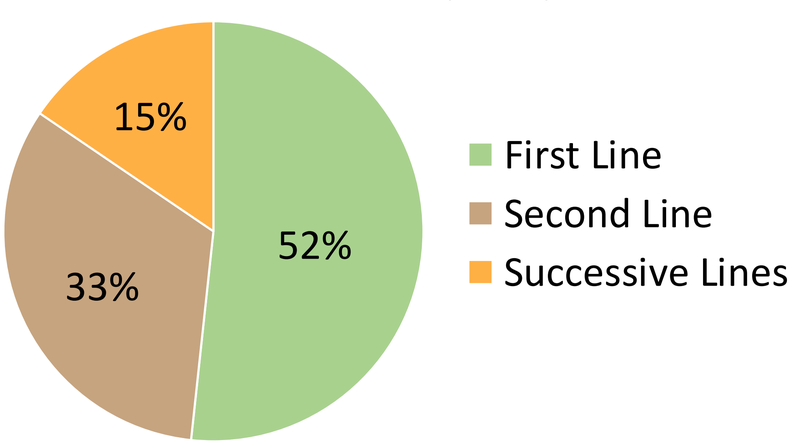
RESULTS

58 patients were included with a median palbociclib starting age of 59.0 years (33-87); the median cycle was 9 (2-34).

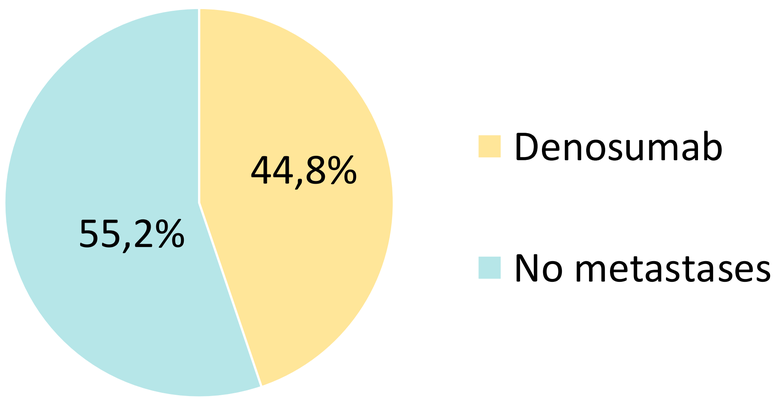
Concomitant Hormonal Treatment



Palbociclib (Line)



Bone Metastases

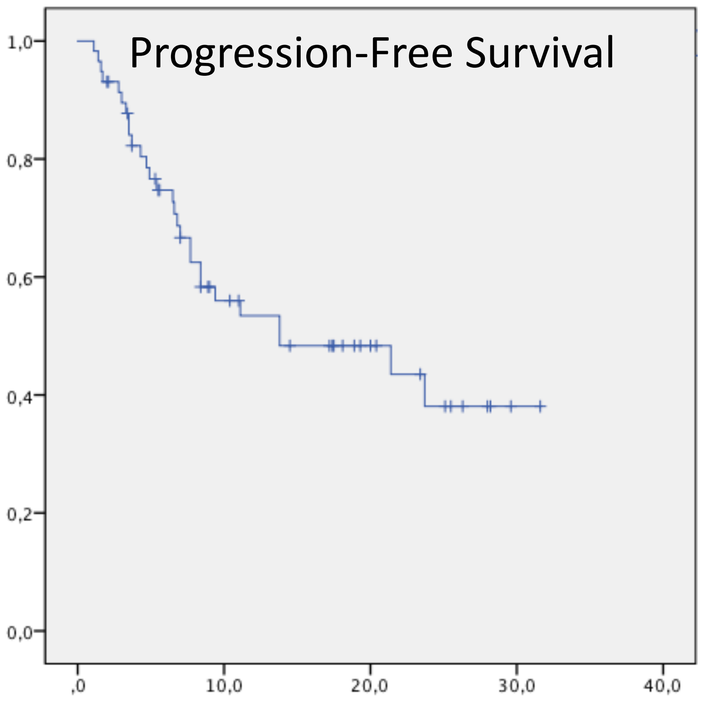


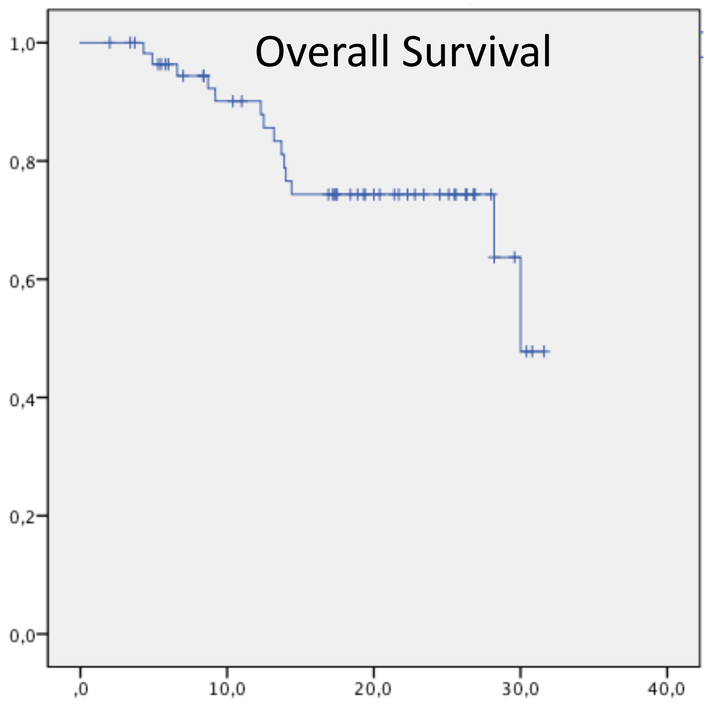
The average neutrophil count was reduced by 52.9% from the beginning to the middle of the first cycle.

	N	%
Started at 125 mg	58	100,0%
1st reduction to 100 mg	26	44,8%
2nd reduction to 75 mg	12	20,6%

Dose	125 mg	100 mg	75 mg
Date	C1D15	C1D1	C1D1
No neutropenia	31,0%	7,7%	8,4%
Grade 1	20,7%	0,0%	8,3%
Grade 2	24,2%	15,4%	25,0%
Grade 3	22,4%	61,5%	58,3%
Grade 4	1,7%	15,4%	0,0%

The average progression-free survival was 17.6 (±1.8) months. Overall survival averaged 25.7 (±1.3) months.





Patients with dose reduction were not more likely to progress (p=0.196).

CONCLUSION

- Haematological toxicity in the form of neutropenia was frequent, from the first cycle and maintained despite successive dose reductions, being necessary these reductions in almost half of the patients. However, these dose reductions were not associated with an increased risk of progression.
- Bone metastasis is very common in metastatic or locally advanced breast cancer.
- Since the authorisation for first-line use (PALOMA-2) it has become a standard of treatment for metastatic or locally advanced.

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Abstract Number: 5PSQ-163