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## BACKGROUND

Recent studies have established the influence of the immune system on disease progression in triple negative breast cancer (TNBC) patients.

## OBJECTIVE

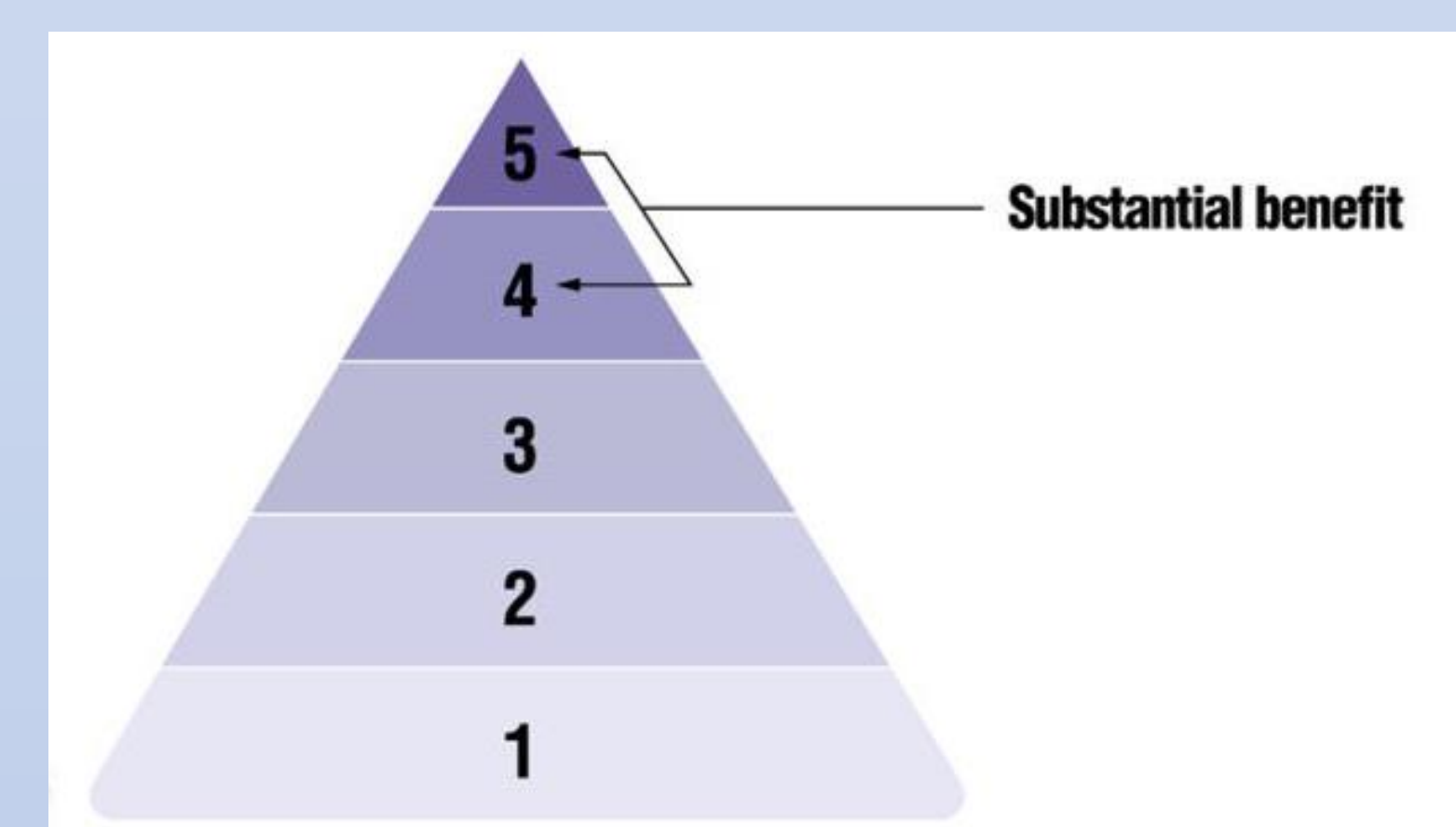
To determine if pembrolizumab and atezolizumab can be considered equivalent first-line therapeutic alternatives (ATE) by using a common comparator, for patients with locally recurrent unresectable or metastatic unresectable TNBC in adults whose tumors express PD-L1 and who have not received prior chemotherapy



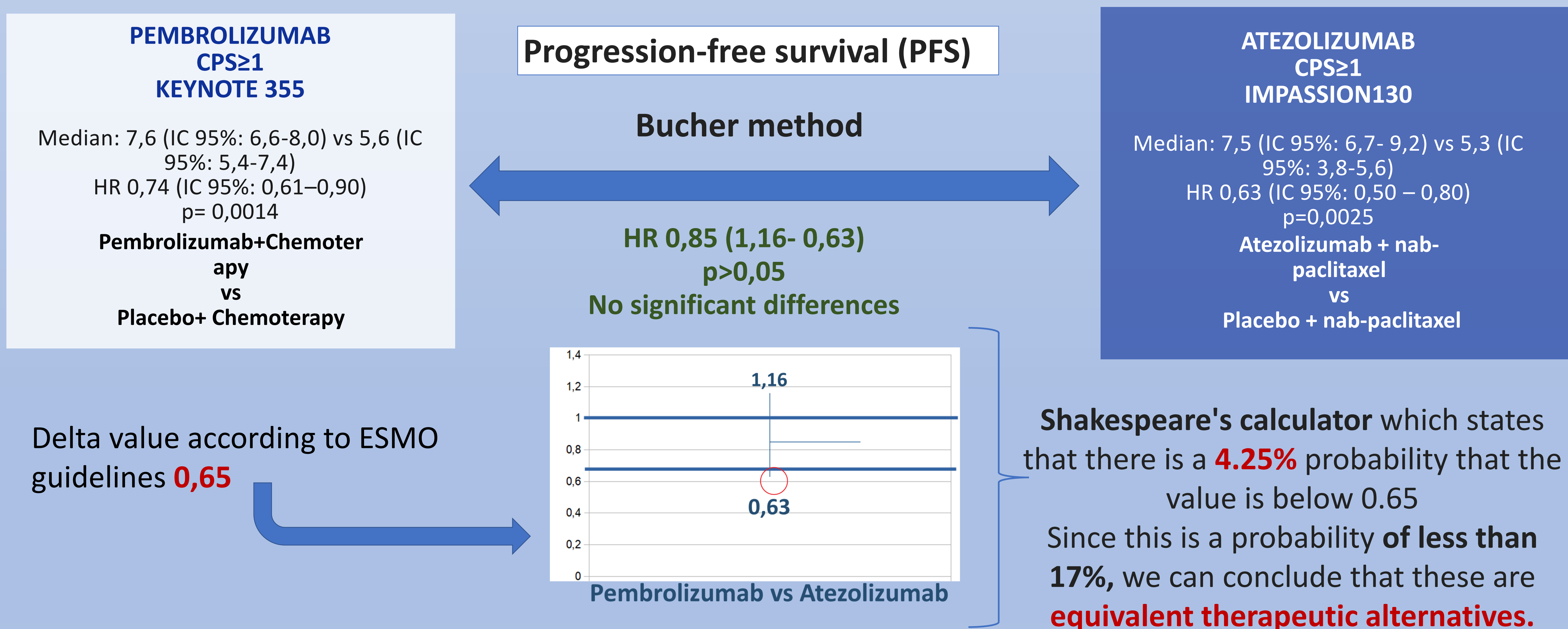
## MATERIALS AND METHODS

Bibliographic search → Phase III randomised clinical trials of first-line treatments for TNBC.

- The indirect comparison was performed with the **Bucher method**.
- The variable selected to determine clinical equivalence was **progression-free survival (PFS)**.
- The maximum acceptable difference as a clinical non-inferiority standard Delta (D), and its inverse were set at 0.65 and 1.54, respectively. They were established by **ESMO-Magnitude of Clinical Benefit Scale**.



## RESULTS



## CONCLUSIONS

Pembrolizumab and atezolizumab could be considered ATE, however, recent studies such as the Impassion 131 bring a great deal of uncertainty to this determination.

