CP-141

ERIBULIN USE IN METASTATIC BREAST CANCER

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OBJECTIVES

- To evaluate the prescription pattern of eribulin in a tertiary care hospital

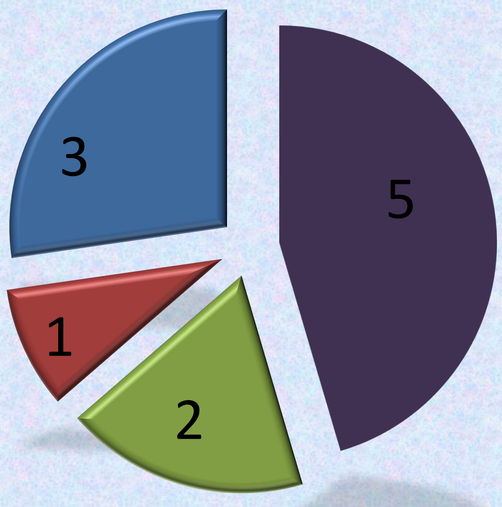
MATERIALS AND METHODS

- Retrospective and observational study
- Patients who received at least one dose of eribulin, from February 2014 until September 2015 were included
- Data were obtained from the computerized physician order entry system
- Data collected: patient's demographics, diagnosis, previous and concomitant treatments, performance status (PS), number of doses, progression free survival (PFS), response rate and toxicity

Results

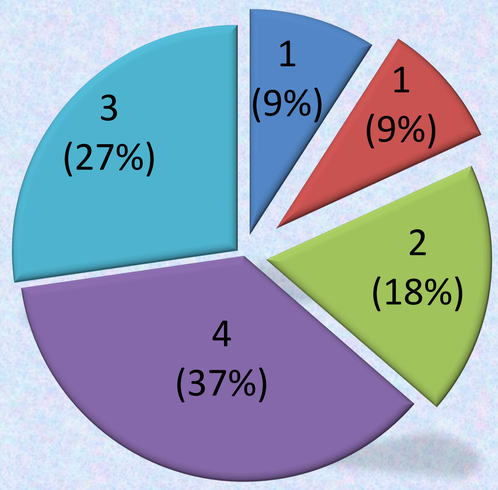
N	11 patients
Age (Mean and range)	58.7 years [43-72]
Metastasic sites (Median)	3 sites
PS	≤1
Hormone Receptors +	11/11
HER2 +	4/11
Still in treatment	4/11
Previous taxanes and anthracyclines	9 /11
Dose reduction for toxicity	7/11
Among patients who stopped treatment (7/11):	
Doses (Mean)	11.3
PFS (Median)	4.7 months

Treatment line



- Third line
- Fourth line
- Fifth line
- 6 or more line

Response Rate

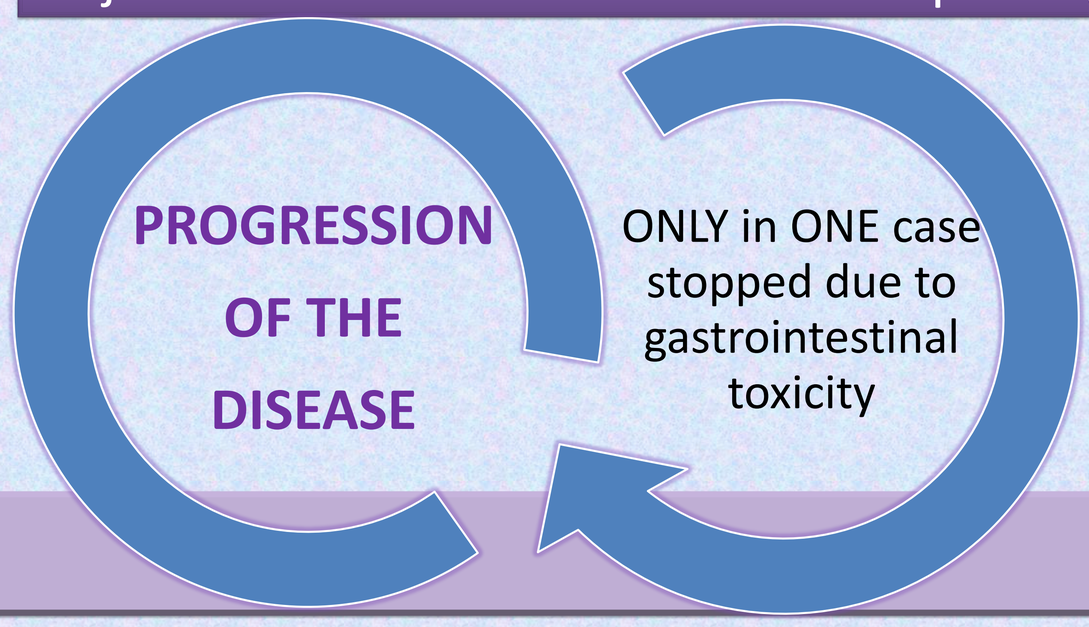


- No response
- Dissociative response
- Stable disease
- Partial response
- Non-assessable

2/11 Patients didn't recive anthracyclines due to major contraindication

Major cause of dose reduction: neutropenia (7/11)

Cause of treatment DISCONTINUATION:



CONCLUSIONS

- Eribulin was prescribed according the approved hospital criteria. Eribulin was well-tolerated

DISCUSSION

- Eribulin has recently been indicated for the treatment of patients with locally advanced or metastatic breast cancer who have progressed after at least one chemotherapeutic regimen for advanced disease. However, eribulin use in our hospital is still limited to patients who have previously received two treatment lines for metastatic disease, including taxanes and anthracyclines (as adjuvant or metastatic setting)
- Median PFS in evaluable patients was 4.7 months, which is similar to the results obtained in EMBRACE and E7389-G000-301 studies (3.7 and 4.1 months, respectively)[1,2]

REFERENCES: **1.** Cortes J, et al. EMBRACE Study. Lancet. 2011 Mar 12;377(9769):914-23.
2. Kaufman PA, *et al*. Study 301. CancerRes72(24 Suppl):Abstract S6–6.

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