

USE OF ERIBULIN IN METASTASIC BREAST CANCER

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BACKGROUND

There is no standard treatment in heavily pretreated patients with metastasic breast cancer. There are options as capecitabine, vinorelbine, gemcitabine or eribulin, which is the only one that has significantly increased overall survival (OS).

PURPOSE

To evaluate the security and efficacy of eribulin in a third level hospital.

MATERIALS AND METHODS

Observational retrospective study of 25 patients for three years (since August-2012 to August-2015) Dates: age, tolerance of eribulin, lines and cycles of treatment, progression-free survival (PFS) and OS.

CONCLUSIONS

PFS and OS (40% censored) were lower than in the clinical trial EMBRACE: 3,6 and 13,2 months respectively. Differences: sample size and patients more heavily treated in our case (maximum lines of treatment in the trial: 5).

Because of its easy administration and manageable toxicity eribulin is a good option in sequential monotherapy. Contemplating cost effectiveness, capecitabine should be consider first, according to the published studies.

RESULTS AND DISCUSSION

Age 59 years
(33-81).

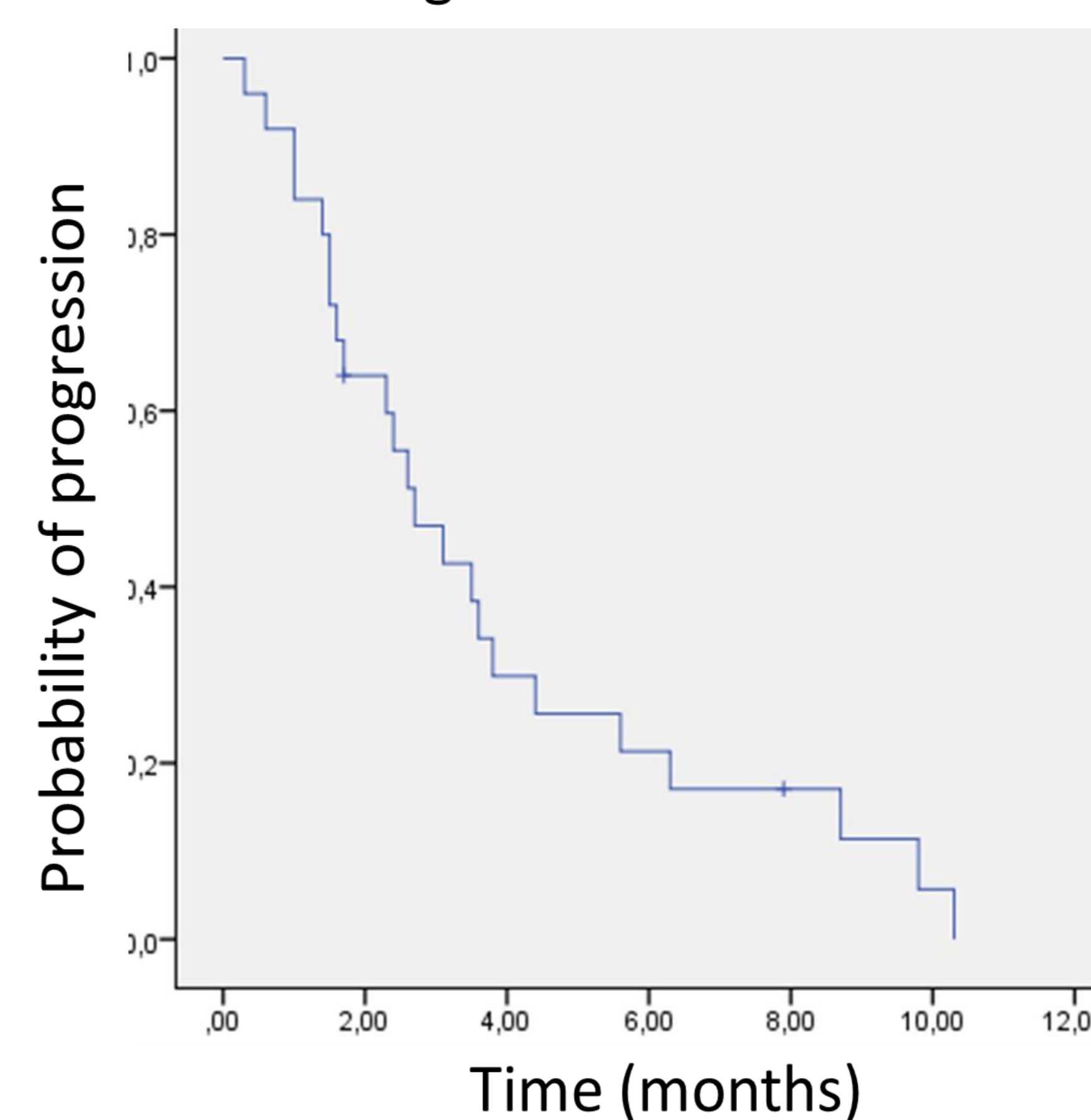
-Median line of treatment 4:
(3-8).
-Median of cycles received:
4 (2-13)

Drugs taken before:
72% capecitabine 56%
gemcitabine 36%
vinorelbine.

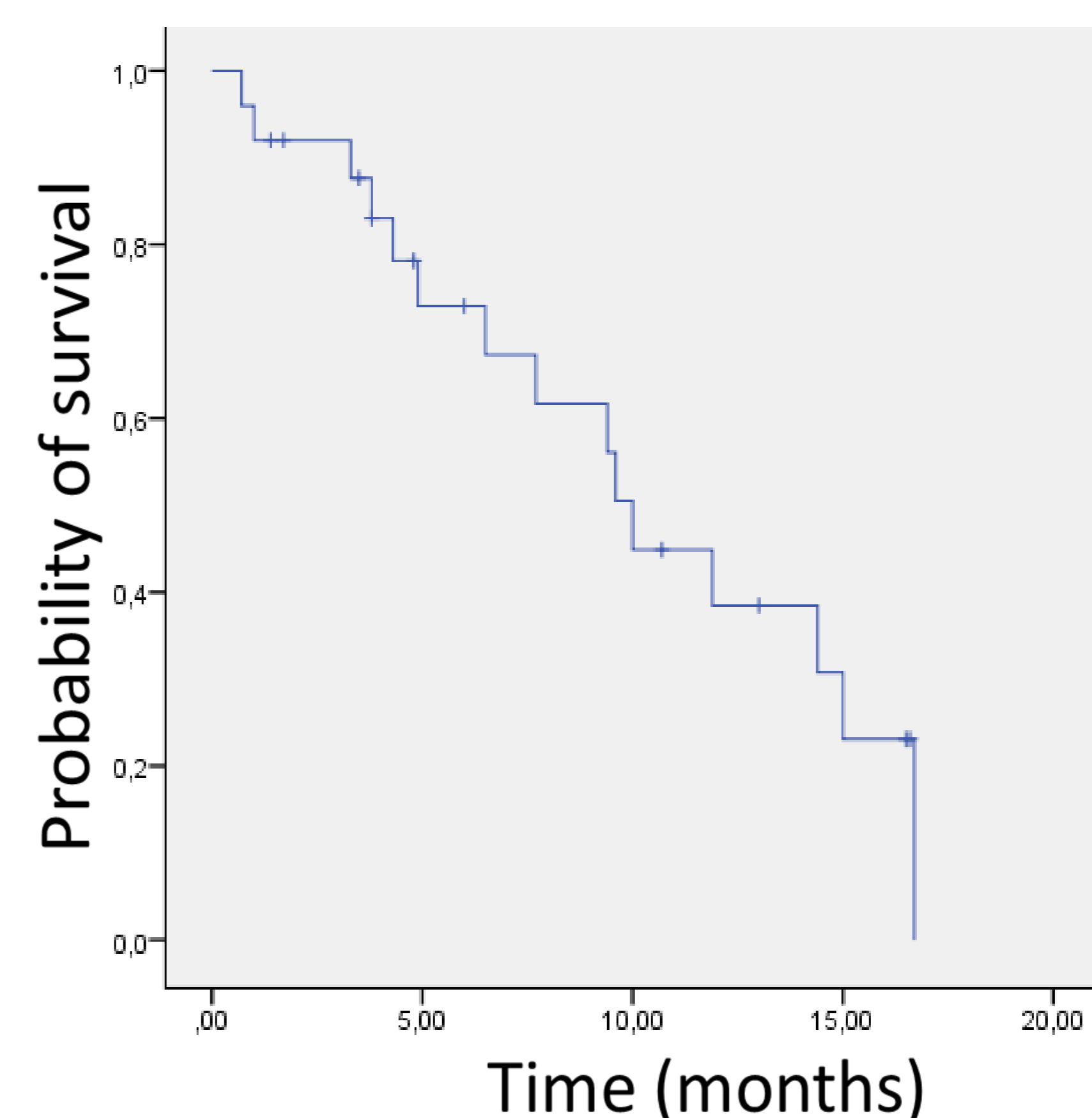
The median **PFS** was 2,7 months (8% patients censored, CI 95% 1,6-3,8) and the median **OS** was 10 months (40% patients censored, CI 95% 8,8-11,2).

Kaplan – Meier curves showing PFS and OS

Progression-free Survival



Overall survival



DOSAGE REDUCTIONS

full dosage 32%

80% dosage 52%

60% dosage 16%

ADVERSE REACTIONS

Fatigue 72%

Neutropenia 24% (16%
grade 3-4)

Trombopenia 12%