

Drug utilization study in patients with metastatic breast cancer

DGI-026

A Madrid Paredes, R López Sepúlveda, E Puerta García, N Martínez Casanova, B Cancela Díez, MA Calleja Hernández.
Hospital Complex of Granada
Adelam.madrid.sspa@juntadeandalucia.es

BACKGROUND

The historic poor prognosis and survival of metastatic breast cancer (MBC) has improved in the last decades by the introduction of multimodal treatment.

PURPOSE

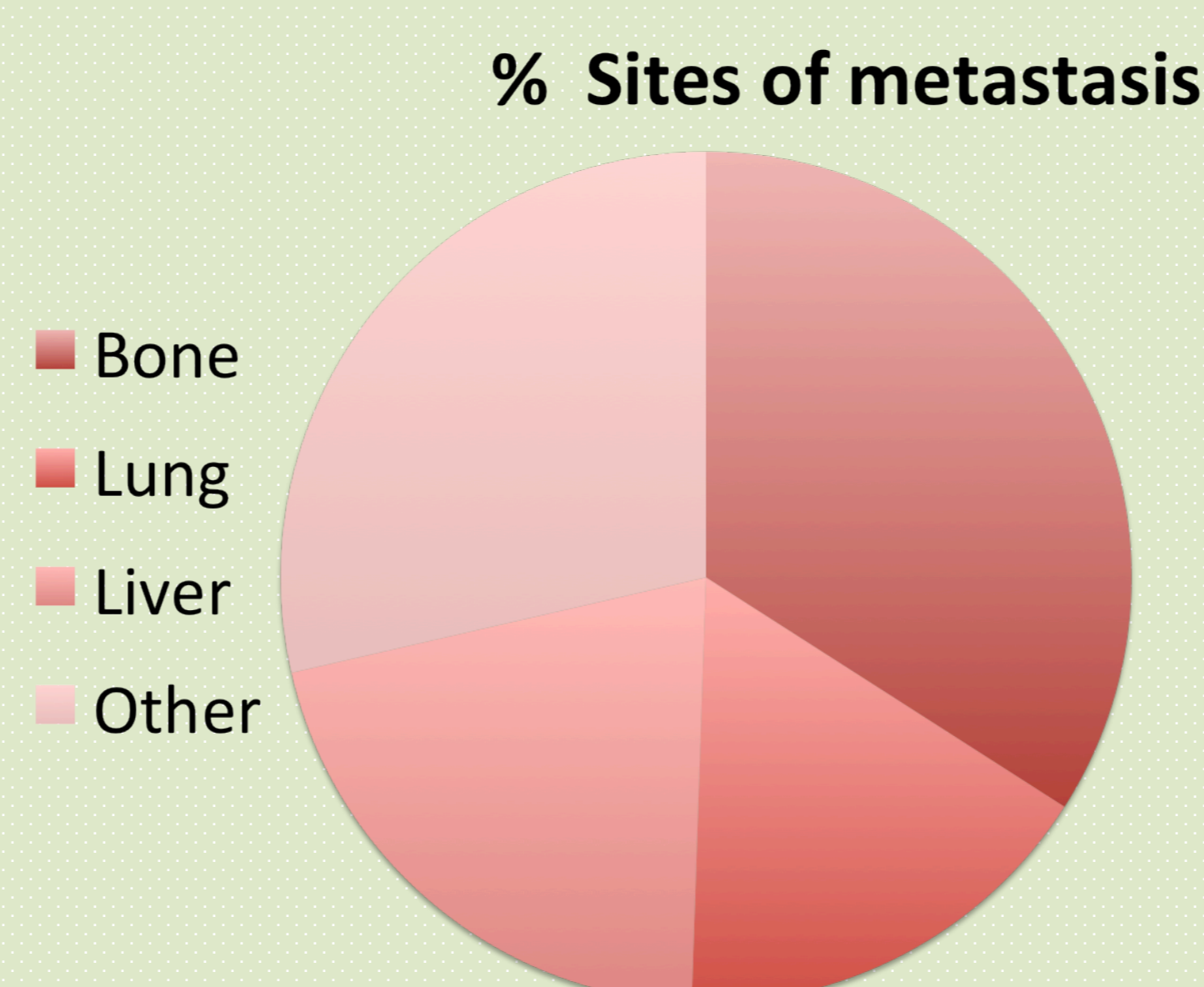
Analyze the survival of the population with MBC and describe the prescription profile employee.

MATERIAL AND METHODS

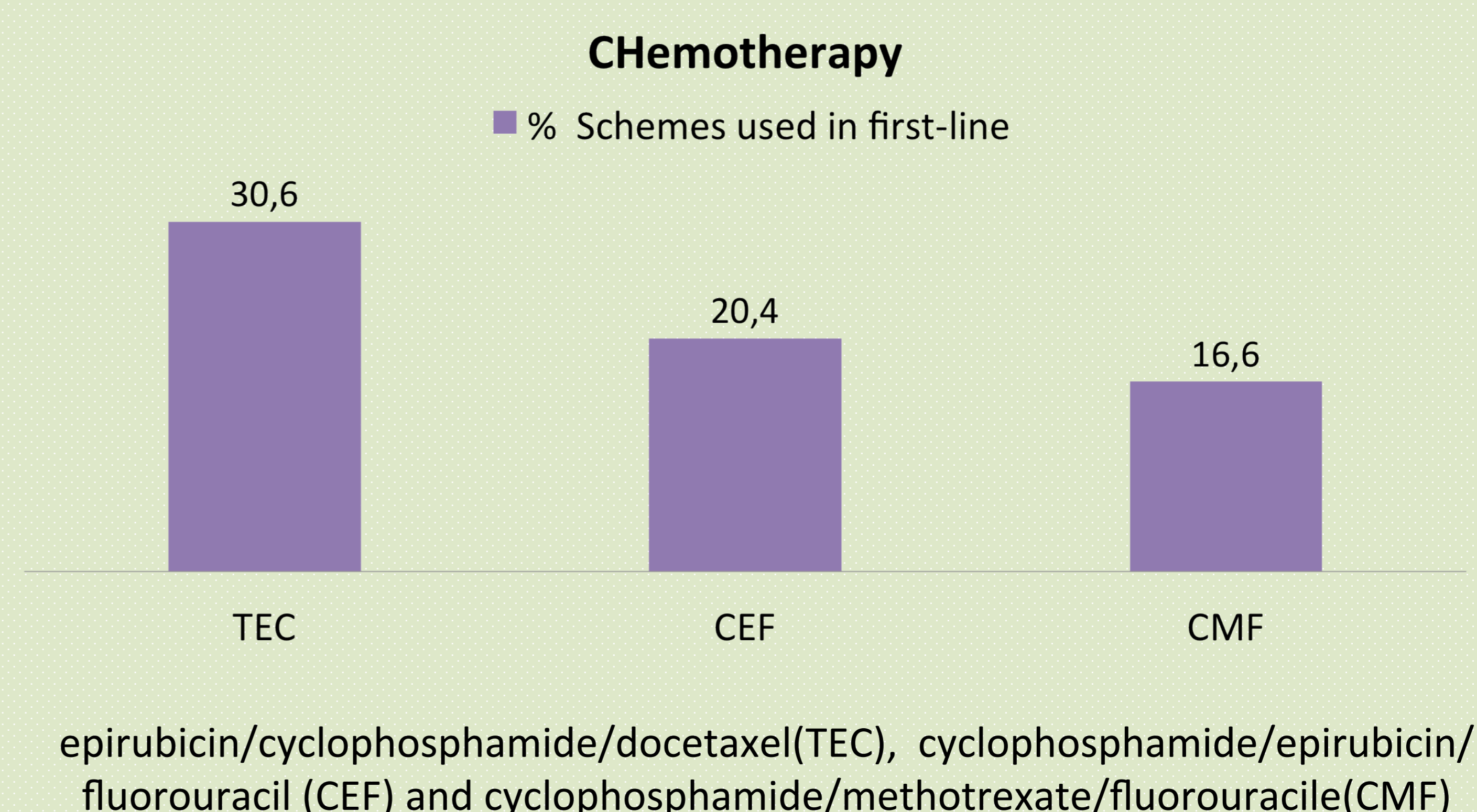
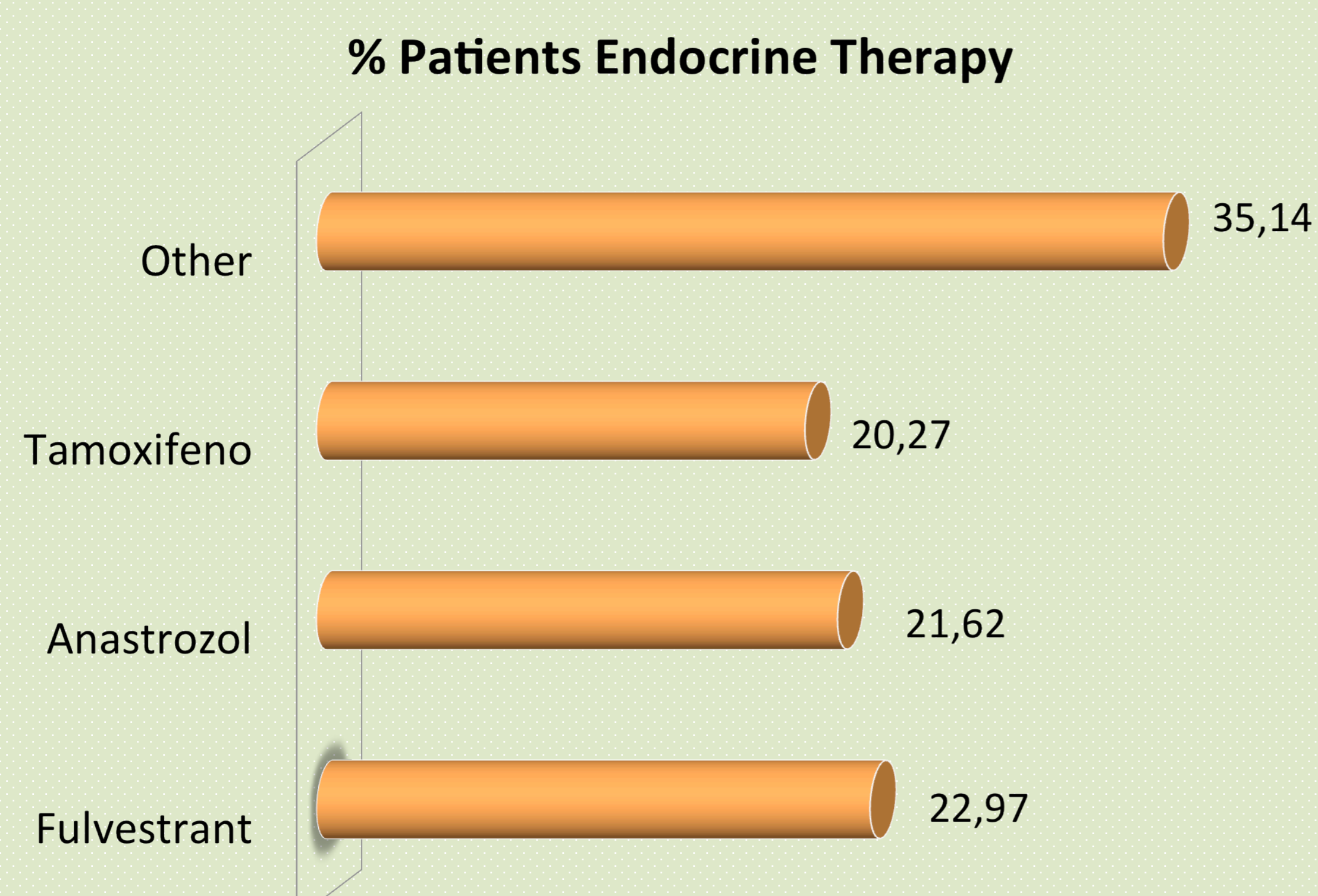
We conducted a retrospective observational study. We included all patients with MBC in 2007. Using digital history, sociodemographic variables (age), clinical (histologic type, estrogen receptor, ER, progesterone receptor, PR, human epidermal growth factor receptor 2, HER-2, progression from primary tumor, appearance and location of metastases, lymph node involvement, survival, deceased) and therapeutics (radiotherapy, hormone therapy, chemotherapy) were collected.

RESULTS

We included 43 patients with a mean age of 54.5 years. The most common histological types were infiltrating ductal(60%) and lobular(24.4%). ER and PR were positive in 75.6 and 50%, respectively. Overexpression of Her-2 was negative in 73.7%. 69,2% of patients with MBC progressed from primary tumor. The metastization appeared at an average of 44,1 months since diagnostic. 93.9% of patients had lymph node involvement and 77.6% were exitus. 95,3% of patients received radiotherapy.



All patients received chemotherapy, being the most used schemes in first-line: CEF, TEC, CMF in combination with trastuzumab or not. In successive lines, combinations of vinorelbine, docetaxel, capecitabine, carboplatin, gemcitabine were prescribed. Lapatinib and bevacizumab were used from the fourth-line treatment.



CONCLUSIONS

Radiotherapy, not indicated in MBC, was used in early stages of the disease. Due to the interindividual variability of patients, treatment regimens are diverse and are not subject to a predefined schema. Bevacizumab and lapatinib were used in advanced lines in patients that with no response to standard therapy.