

EXPERIENCE OF USING PALBOCICLIB, RIBOCICLIB AND ABEMACICLIB IN A TERTIARY HOSPITAL

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BACKGROUND AND IMPORTANCE

The cyclin-dependent kinase 4 and 6 (CPKi) inhibitor drugs palbociclib, ribociclib and abemaciclib, in combination with hormone therapy have been shown to improve progression-free survival, and in some cases, overall survival, in women with HER2-positive, hormone receptor-positive or locally advanced breast cancer.

AIM AND OBJECTIVES

Evaluate dose adjustment due to safety data in routine clinical practice in women with metastatic breast cancer.

MATERIAL AND METHODS

Observational, descriptive and retrospective study including women treated with palbociclib, ribociclib and abemaciclib in combination with hormone therapy between January 2018 and December 2021. Patients with active CPKi treatment were selected. Data collected by reviewing digital medical records. These data were: age, initial dose, whether they received CPKi as the first line of treatment, dose reduction, treatment interruption, and months of treatment during the study follow-up period.

RESULTS

Patients (N total = 114)	Mean age in years	Average treatment duration in months	CPKi as first line	Average initial dose	N, % patients keeping initial dose	% patients reducing initial dose	N, % patients ceasing treatment
Palbociclib (69)	61.3	12	62.3%	123.5 mg	36, 52.2%	47.8%	40, 57.9%
Ribociclib (32)	53	7	93.7%	600 mg	18, 56.25%	43.75%	15, 46.88%
Abemaciclib (13)	50.1	7	53.8%	284.6 mg	8, 61.54%	38.46%	8, 61.54%

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CONCLUSION AND RELEVANCE

Ribociclib is the CPKi most commonly prescribed as the first-line. In the abemaciclib group, more patients maintained initial dose, and fewer patients reduced the starting dose compared to palbociclib and ribociclib groups, but the small population of our cohort doesn't allow to assume this results. However, there were more interruptions of treatments in this group.