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# REAL-WORLD OUTCOMES OF ALPELISIB: PIK3CA VARIANTS IMPLICATIONS

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Alpelisib: **PIK3CA inhibitor** that exhibes anti-tumour activity in hormone receptor positive (HR+), human epidermal growth factor receptor-2 negative (HER2-), and PIK3CA mutated breast cancer cells. Only 11 PIK3CA gene variants have been represented in randomised controlled trials (RCT) BYLieve and SOLAR-1. Few real-world studies have been published concerning this.



 Alpelisib outcomes in *real-world practice*.
 Study whether there are different findings in *PIK3CA mutations other than the ones included in RCT*.

## Material and methods

Ambispective-observational, descriptive, longitudinal study. **11/2019 - 03/2024.** 

### > Effectivity assessment

- Progression free survival (PFS) and overall survival (OS) medians: Kaplan–Meier method.
- Differences between groups: logrank tests.
- Statistical analysis: R-4.3.2 software.



- Locally advanced or metastatic HR+, HER2-, PIK3CA mutated breast cancer.
  - Treatment: alpelisib + fulvestrant.
  - Previous line: CDK4/6 inhibitor + aromatase inhibitor.
  - ECOG performance status: 0-1.
- Two groups:

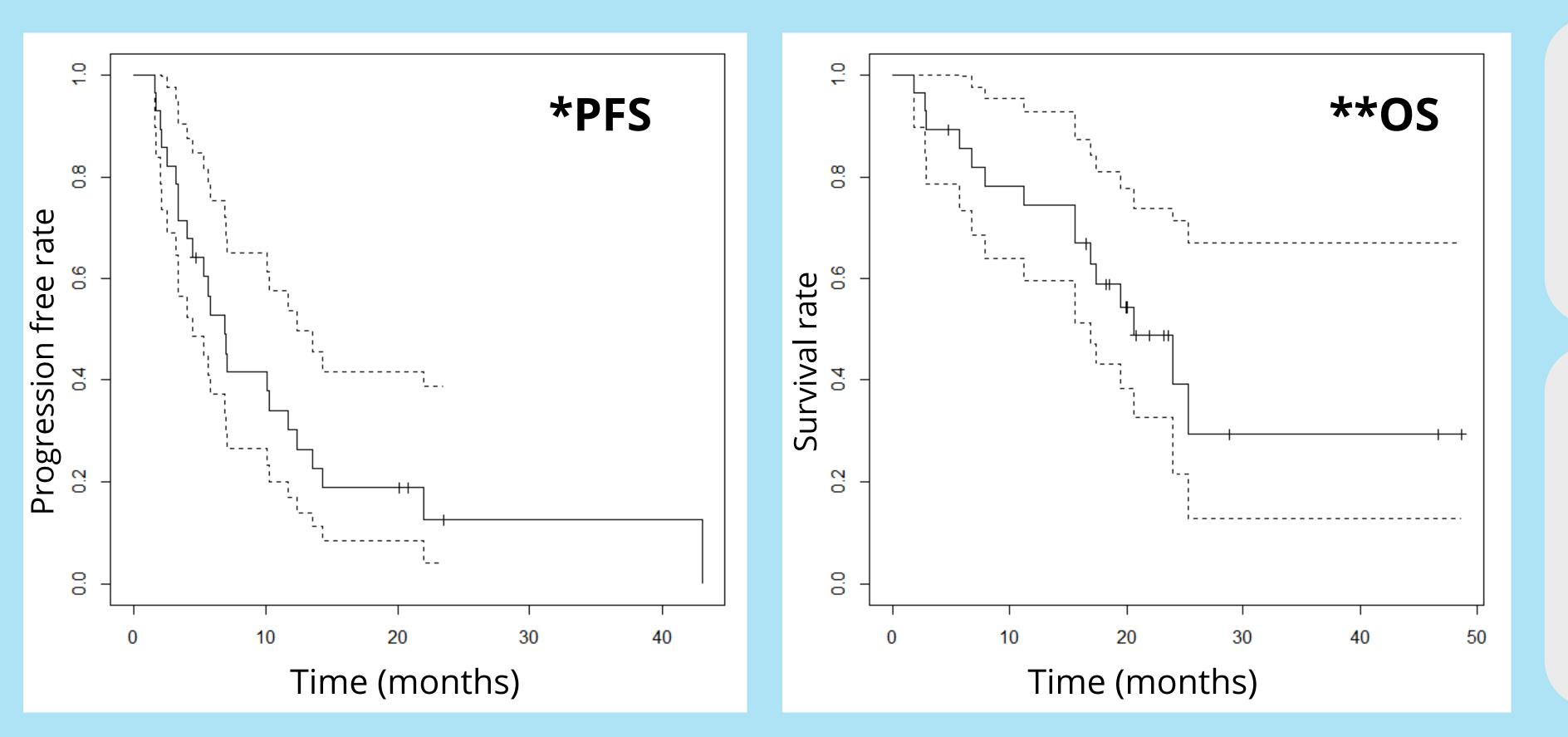
Population

- Group 1: variants NOT included in RCT.
- Group 2: variants included in RCT.



Results		Total population	<b>Group 1 (n=5)</b>	Group 2 (n=21)
<ul> <li>31 patients (all women)</li> <li>3 excluded (off label: alpelisib+nab-paclitaxel).</li> <li>2 excluded from subgroup analysis (PIK3CA variant not reported).</li> <li>Median age 61.76 years (range 34.17–76.83).</li> <li>Median treatment duration: 6.71 months (1.61–39.93).</li> </ul>	PFS (months)	6.89* (95%Cl: 4.49–12.33)	13.90 (95%Cl = 6.89, NR)	5.61 (95%Cl = 3.41, 12,33)
	OS (months)	20,59** (95%Cl: 16.92–NR)	20,59 (Cl95% = 15.61, NR)	NR (Cl95% = 11.21, NR)

### CI: confidence interval; NR: not reached



 As compared to phase III RCT SOLAR-1, our study showed lower PFS (6.89 vs 11.0 months), but similar to other real-world cohorts.

 There are no statistically significant differences in PFS or OS between groups (p = 0.09 and p = 0.3, respectively). Nonetheless, results suggest a tendency in favour of group 1 outcomes.

### Conclusions

• Our results show a modest benefit observed with alpelisib in real-world clinical practice when used in a second line therapy.

• Finally, the clinical utility of PIK3CA mutations need further research that might detect benefits from mutation guided treatment algorithms to optimise and ease clinical decisions, improving end results.