

# ANALYSIS OF SURVIVAL IN PATIENTS DIAGNOSED WITH METASTATIC

## BACKGROUND & OBJECTIVES

### BACKGROUND

Eribulin has 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, in our hospital its use is limited to a subgroup of patients with resistance to capecitabine and vinorelbine who have previously received treatment lines including taxanes and anthracyclines.

### PURPOSE

The aim was to analyze the effectiveness of eribulin for the treatment of metastatic breast cancer in a clinical setting. In addition, we explored factors that might influence survival of patients treated.

## METHODS

Following an observational retrospective design, data of patients who received at least one dose of eribulin from February 2014 until July 2016 were obtained from the computerised physician order entry system.

A data collection form was designed to record patient's demographics, time since diagnosis, sites of metastases, previous lines of treatment, number of cycles of eribulin, progression free survival (PFS), and overall survival (OS) adjusted by age, previous treatment lines (anthracyclines, taxanes, capecitabine and vinorelbine), administration of subsequent lines, and types and number of metastases.

Graphs were produced and statistics were performed using several packages of the R language (R Development Core Team, <http://www.R-project.org>)

## RESULTS

### results

Clinical data of 40 patients [97,5% women, 54 years old (range 33-85)] were finally reviewed.

With a median of time since breast cancer diagnosis of 8.1 years, they had been received a median of 4.6 (range 2-7) treatment lines.

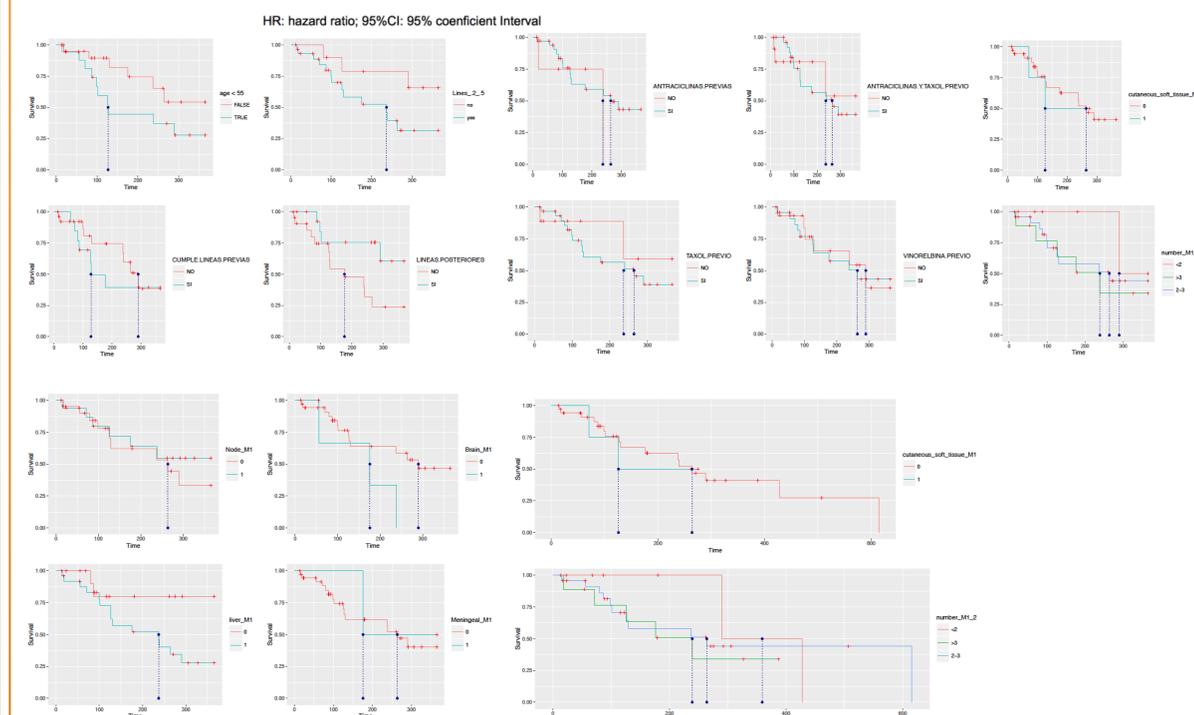
We detected that most patients did not fulfill local criteria for eribulin use (67.5%). However, they received 3.5 (range 1-16) cycles for metastatic diseases (location were 75% bone, 50% lung, 65% liver, and 10% brain).

Median PFS was 2.4 months (0.5-16.5) and OS with 45% of events was 4.2 months (0.5-20.5). 17,5% of the patients died before 3 months.

Only liver metastases predicted OS [hazard ratio 4.495; 95% CI 1.011-19.99; p = 0.031].

### results

	first year		global	
	HR (95%CI)	p (longrak test)	HR (95%CI)	p (longrak test)
Age <55 years	2.275 (0.823, 6.287)	0,103	2.275 (0.823, 6.287)	0,103
Comply with previous lines	1.45 (0.553, 3.919)	0,461	1.544 (0.586, 4.065)	0,375
Comply >=2 y <5previous lines	3.021 (0.830, 10.99)	0,079	2.417 (0.757, 7.716)	0,126
Previous anthracyclines	0.605 (0.134, 2.737)	0,51	0.605 (0.134, 2.737)	0,51
Previous taxol	1.461 (0.331, 6.445)	0,614	1.679 (0.381, 7.396)	0,488
Previous anthracyclines and taxol	1.128 (0.320, 3.975)	0,851	1.273 (0.363, 4.459)	0,705
Previous vinorelbine	1.117 (0.405, 3.077)	0,831	1.117 (0.405, 3.077)	0,831
Previous capecitabine	1.982 (0.449, 8.737)	0,356	1.982 (0.449, 8.737)	0,356
Posterior lines	0.326 (0.104, 1.022)	0,0546	0.424 (0.147, 1.22)	0,101
Metastases				
lung	2.039 (0.748, 5.55)	0,155	1.803 (0.686, 4.733)	0,225
bone	0.961 (0.269, 3.423)	0,951	0.758 (0.242, 2.373)	0,633
Carcinomatosis peritoneal	0.9696 (0.126, 7.424)	0,976	0.969 (0.126, 7.424)	0,976
Lymph node	0.7424 (0.263, 2.091)	0,571	0.7424 (0.263, 2.091)	0,571
liver metastases	3.72 (0.844, 16.38)	0,062	<b>4.495 (1.011, 19.99)</b>	<b>0,031</b>
brain	2.762 (0.767, 9.945)	0,104	2.762 (0.767, 9.945)	0,104
meningeal	0.726 (0.095, 5.523)	0,756	0.558 (0.071, 4.354)	0,573
skin/Soft tissues	1.124 (0.253, 4.993)	0,877	1.124 (0.253, 4.993)	0,877
Number of metastases >3	3.271 (0.381, 28.07)	0,28	1.88 (0.355, 9.936)	0,457
Number of metastases 2-3	2.634 (0.336, 20.65)	0,357	1.401 (0.304, 6.446)	0,665



## CONCLUSIONS

- In our case, the effectiveness of eribulin in the clinical setting was modest.
- PFS and OS values were lower than published in literature.
- Survival analysis did not identify a subgroup of patients that could benefit of this treatment in our population.