

ANALYSIS OF OLAPARIB AND TALAZOPARIB AS POSSIBLE THERAPEUTIC ALTERNATIVES IN ADVANCED BREAST CANCER AND A GERMLINE BRCA MUTATION

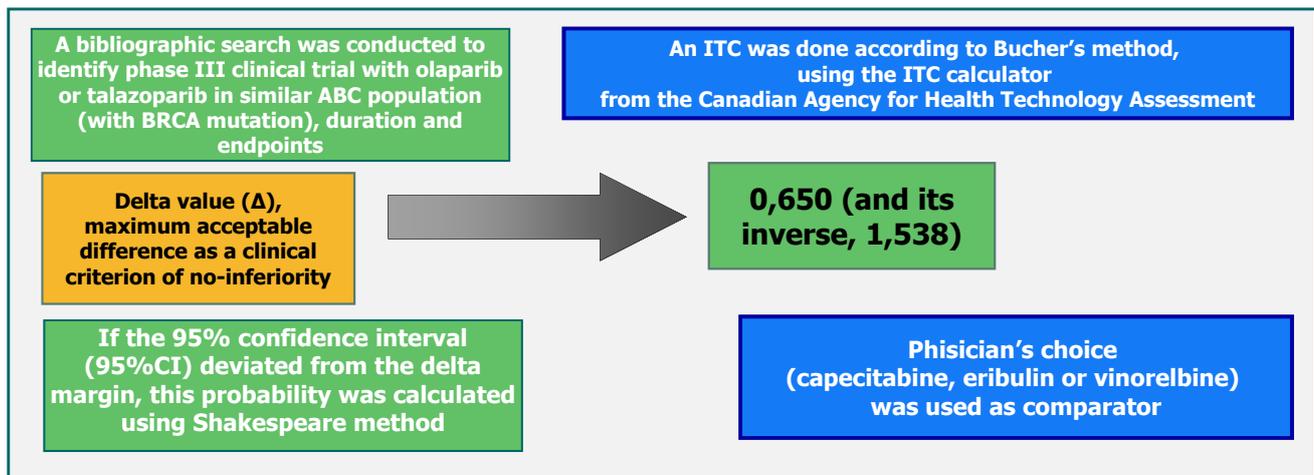


M Camean-Castillo, S. Fenix-Caballero, MD Gil-Sierra, MDP Briceño-Casado, FJ Salmeron-Navas, EJ Alegre-DelRey, E. Rios-Sanchez, J Diaz-Navarro, C. Martinez-Diaz, JM Borrero-Rubio
Hospital Universitario Puerto Real, Cádiz.

PURPOSE

To establish whether olaparib and talazoparib can be declared equivalent therapeutic alternatives (ETA) in patients with ABC and a BRCA mutation, through an indirect treatment comparison (ITC) using a common comparator

MATERIAL AND METHODS



RESULTS

Clinical trial included were: open-label, randomized, HER 2 negative, capecitabine, eribulin or vinorelbine as comparator, ECOG 0-1, pretreated with taxane, anthracycline or both, and if platinum was used without progression to this one

Primary end point was radiologic progression-free survival (PFS)

Reference	PFS: HR (95%CI)
Olaparib	0.58 (0.43-0.80)
Talazoparib	0.54 (0.41-0.71)
ITC	1.074 (0.71-1.626)

Differences were found in the percentage of patients with ECOG 0-1 (olaparib 72.2% vs. talazoparib 53.3%), excepting this characteristic the population of both studies was similar

Two trials were included, one of each drug

The 95%CI was broad (high level of uncertainty) and exceeds the equivalence margin, and the probability of a result falling out the delta margin was < 4,5%.

CONCLUSION

ITC showed no statistically differences in PFS between olaparib and talazoparib. There is a probable clinical equivalence between both drugs. Although a fraction crosses the confidence interval, this is not statistically significant. Olaparib and talazoparib could be considered as ETA in most patients with advanced breast cancer.



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