Hospital Regional Universitario de Málaga

RIBOCICLIB AS FIRST LINE FOR METASTASIC BREAST CANCER: ANALISIS OF USE AND SECURITY

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BACKGORUND AND IMPORTANCE

Therapeutic manage of luminal metastatic breast cancer (MBC) has suffered significant progresses with the approval of cyclin-dependent kinase (CDK) inhibitors, as ribociclib.

AIM AND OBJECTIVES

To know the catacteristics of patients treated with **ribociclib** as first line in our center, and efficacy, frequency and severity of adverse reactions (ARs) associated with it. To compare our results with pivotal trial MONALEESA-2, of ribociclib as first-line treatment.

MATERIAL AND METHODS

Retrospective, observational, descriptive study of ≥18 years old women that received ribociclib as first-line treatment until July-2020 in a tertiary hospital. Follow-up was carried out until March-2021.

VARIABLES

- Age
- Hormonal therapy in combination Ars
- Treatment interruption and suspension.
- ECOG scale
- Length of treatment, progression-free survival (PFS)
- Dose adjustment,

RESULTS

Initial dose was 600mg in thirty-seven patients and 400mg in three. Twenty patients required dose reduction, of which sixteen required 400mg and four first reduced to 400mg and then to 200mg.

In 24 cases administration was delayed for at least one week due to ADRs.

ECOG before starting treatment	**ECOG 0**		**ECOG 1**			**ECOG 2**		
	26		13			1		
Hormonal treatment associated	**Fulvestrant**	**Letrozole**	**Exemestane**	**Anastrazole**				
	6	30	3	1				
Median lenght of treatment	19 cycles (2 - 38)							
Duration of the patient in the study	**At the end of the study**		**Discontinued permanently**					
	24		Disease progression		Death		ARs	
			12		1		3	
PFS	26.2 months (21.9-30.5 95% CI), similar to pivotal trial, MONALEESA-2 (25.3 months)							
Grade 3/4 ADRs (n = 20)	**Neutropenia**	**Impaired liver profile**	**Skin toxicity**	**Anemia**	**Vomiting and diarrhea**	**Edema**	**Renal toxicity**	**Asthenia**
	9	6	4	2	1	1	1	1

CONCLUSION AND RELEVANCE

In our center, ribociclib was used in accordance with indications. Likewise, pattern of ARs was similar, highlighting neutropenia as dose limiting. As hospital pharmacists, is necessary to manage AEs and dose reductions; and improve adherence to obtain the best therapeutic outcomes.

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