



EFFECTIVENESS AND SAFETY OF CISPLATIN PLUS GEMCITABINE IN METASTATIC BREAST CANCER

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BACKGROUND AND IMPORTANCE

Different studies in the literature have demonstrated promising efficacy of cisplatin-gemcitabine for the treatment of metastatic breast cancer. Real-life studies are commonly performed to confirm the results.

OBJECTIVES

To analyse cisplatin-gemcitabine effectiveness and safety in patients with metastatic breast cancer.

METHODS

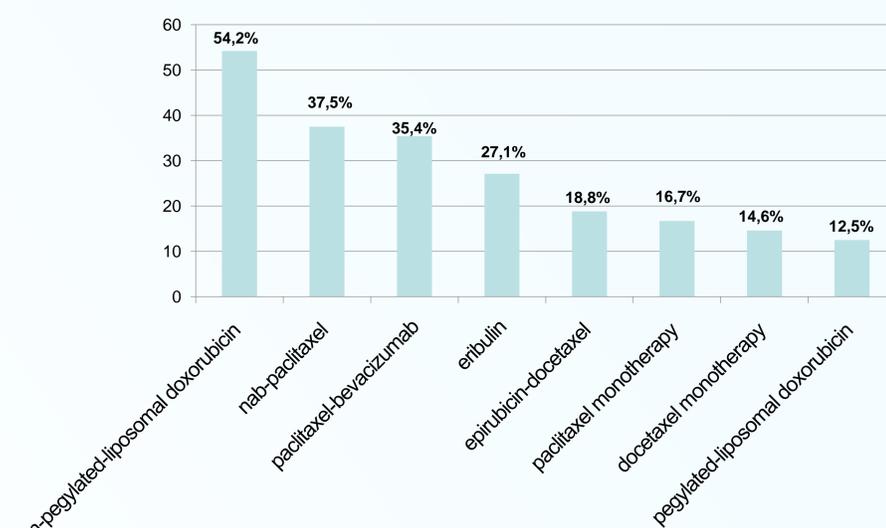
A retrospective observational study was conducted in a university hospital. Patients treated with cisplatin-gemcitabine from January 2007 to February 2020 were included. The following variables were recorded: age, hormone receptor (HR), human epidermal growth receptor-2 (HER2) status, duration of treatment, number of cycles, number and type of previous chemotherapy regimens, progression-free survival (PFS) and overall survival (OS) calculated by the Kaplan-Meier method, and adverse events (AEs). Data were obtained from the electronic clinical records and the software where the chemotherapy treatments are registered.

RESULTS

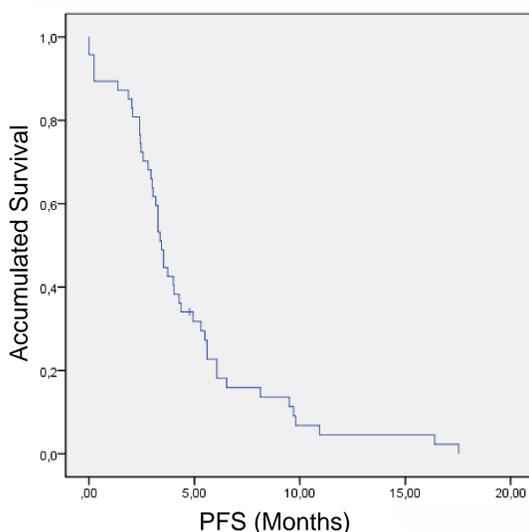
- Fifty-six patients were included
- Median age of 56,5 years (range 30-82)
- At the data analysis, 1 patient was still in treatment with cisplatin-gemcitabine and 55 had finished it, with a median duration of 2,8 months (4 cycles, range 1-10)
- Patients had a median of 2 previous chemotherapy lines in metastatic stage (range 0-4)
- 85,7% of the patients received cisplatin-gemcitabine as metastatic therapy in the second line or later
- 6 patients interrupted the treatment due to AEs

Molecular Subtypes	
HR+	71 %
Triple-negative	23 %
HER2+	11 %

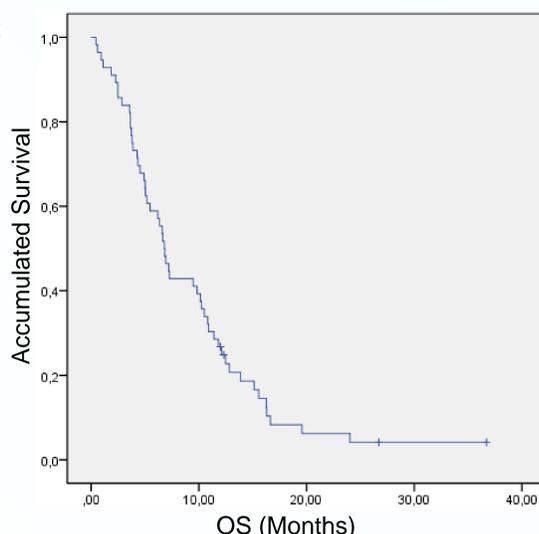
Most common regimens used before cisplatin-gemcitabine



Median PFS: 3,4 months
(IC95% 3,08-3,78)



Median OS: 6,8 months
(IC95% 5,74-7,86)



Adverse Events	
Anemia	62 %
Neutropenia	31 %
Thrombocytopenia	24 %
Peripheral neuropathy	17,2 %
Asthenia	10,3 %

CONCLUSION AND RELEVANCE

Cisplatin-gemcitabine has shown to be another effective treatment option in metastatic breast cancer. However, several studies in the literature have shown better results in PFS and OS. This may be due to differences in the baseline characteristics of the patients and the use of previous chemotherapy regimens. Cisplatin-gemcitabine was well tolerated and in most cases the AEs didn't force to interrupt treatment.