5PSQ-047 RIBOCICLIB SAFETY IN METASTATIC BREAST CANCER

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BACKGROUND

Treatment goals for advanced or metastatic breast cancer include not only delaying the progression of disease and extending survival, but also improving quality of patient life.

New standard treatment in 1º and 2º line in advanced or metastatic hormone receptor-positive (HR+/ HER2-) breast cancer: **CDK4/6 inhibitors (ribociclib) + hormonal therapy** (aromatase inhibitor or/ and luteinizing hormone-releasing hormone agonists (LHRH)). Management of severe adverse drug reactions (ADRs) may require dose reductions and dose interruptions.

AIM AND OBJETIVES

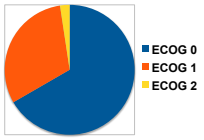
Assess the safety of ribociclib and analyse the ADRs and severe toxicity that cause dose reductions, dose interruptions and permanent discontinuations

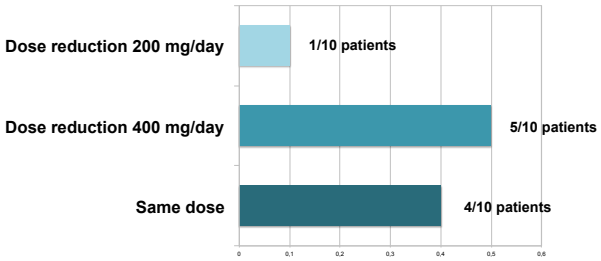
MATERIAL AND METHODS

Retrospective and observational study in a tertiary hospital. We analized the safety of ribociclib reviewing medical and pharmaceutical records of all patients treated with ribociclib January 2018-September 2019. **Collected data:** age, ECOG, cancer stage, metastatic location, treatment line, dose reduction/interruption. ADRs were collected for safety profile assessment.

RESULTS

N = 42 patients included
Median age= 58 years (range 40-72). 67% ECOG 0 at the beginning.
98 % in patients are in stage IV and main metastasic location was bone.
First-line treatment in **79%** (33) of the patients
Starting dose of ribociclib 600 mg per day for 3 weeks followed by 1 week off





ADR grade 3 caused delays and dose reduction	N	%
Neutropenia	11	26%
Skin and subcutaneous tissue disorders like rash, pruritus and erythema	5	12%
Gastrointestinal disorders	3	7%

* There were no permanent discontinuation due to toxicity

CONCLUSION AND RELEVANCE

In spite of the manageable safety profile of ribociclib by dose modifications and delays in cycles, it is necessary a consistent close monitoring side effects and toxicity due to inter-patient variability, finding the optimal dose for each patient.

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