PEMBROLIZUMAB AND ATEZOLIZUMAB AS POSSIBLE EQUIVALENT FIRST-LINE THERAPEUTIC ALTERNATIVES IN PD-L1-EXPRESSING TRIPLE-NEGATIVE BREAST CANCER

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BACKGROUND
Recent studies have established the influence of the immune system on disease progression in triple negative breast cancer (TNBC) patients.

OBJECTIVE
To determine if pembrolizumab and atezolizumab can be considered equivalent first-line therapeutic alternatives (ATE) by using a common comparator, for patients with locally recurrent unresectable or metastatic unresectable TNBC in adults whose tumors express PD-L1 and who have not received prior chemotherapy.

MATERIALS AND METHODS
Bibliographic search Phase III randomised clinical trials of first-line treatments for TNBC.

- The indirect comparison was performed with the Bucher method.
- The variable selected to determine clinical equivalence was progression-free survival (PFS).
- The maximum acceptable difference as a clinical non-inferiority standard Delta (D), and its inverse were set at 0.65 and 1.54, respectively. They were established by ESMO-Magnitude of Clinical Benefit Scale.

RESULTS

**PEMBROLIZUMAB**
CPS≥1
**KEYNOTE 355**
Median: 7.6 (IC 95%: 6.6-8.0) vs 5.6 (IC 95%: 5.4-7.4)
HR 0.74 (IC 95%: 0.61-0.90)
p=0.0014
Pembrolizumab+Chemotherapy vs Placebo+Chemotherapy

**ATEZOLIZUMAB**
CPS≥1
**IMPASSION130**
Median: 7.5 (IC 95%: 6.7-9.2) vs 5.3 (IC 95%: 3.8-5.6)
HR 0.63 (IC 95%: 0.50-0.80)
p=0.0025
Atezolizumab + nab-paclitaxel vs Placebo + nab-paclitaxel

**Shakespeare's calculator** which states that there is a 4.25% probability that the value is below 0.65. Since this is a probability of less than 17%, we can conclude that these are equivalent therapeutic alternatives.

CONCLUSIONS
Pembrolizumab and atezolizumab could be considered ATE, however, recent studies such as the Impassion 131 bring a great deal of uncertainty to this determination.

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