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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

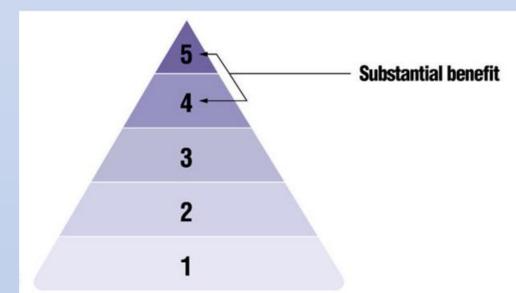
To determine if pembrolizumab and atezolizumab can be considered equivalent first-line therapeutic alternatives (ATE) by using a common comparator, for patients with locally recurrent unresectable or metastatic unresectable TNBC in adults whose tumors express PD-L1 and who have not received prior chemotherapy



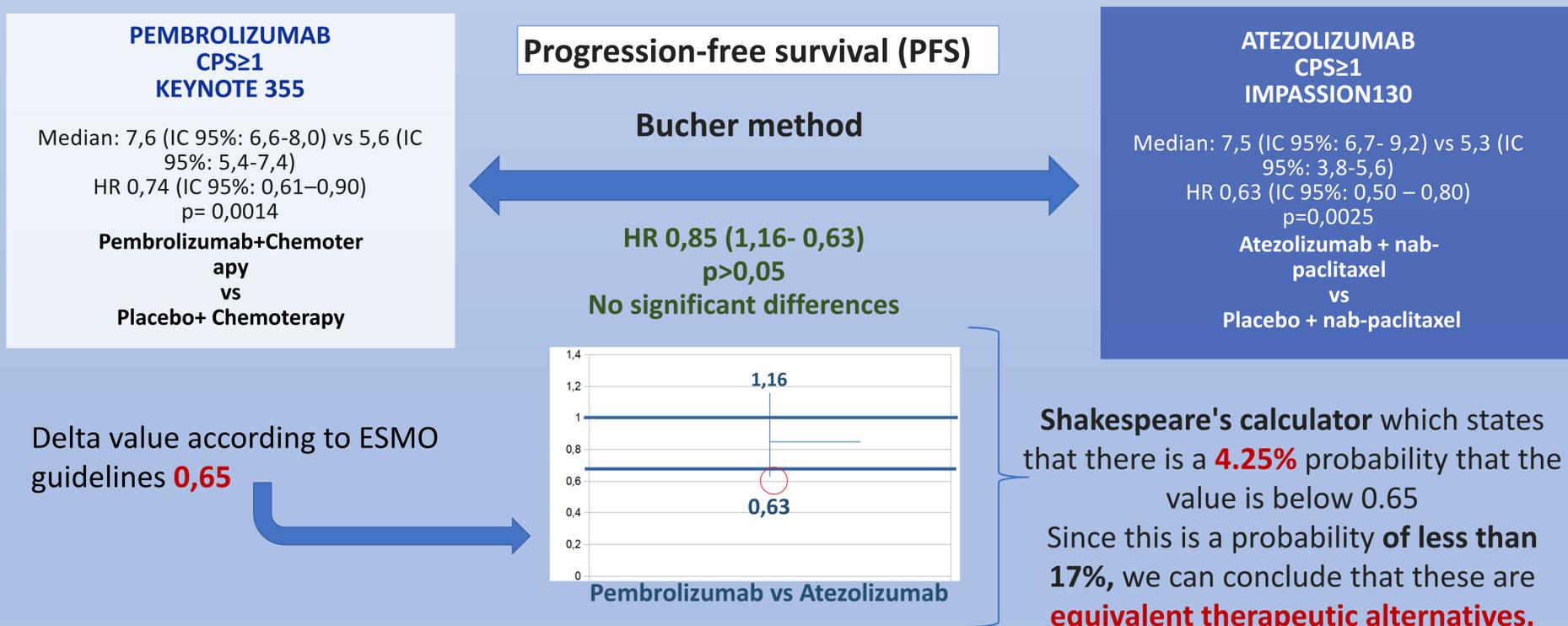
MATERIALS AND METHODS

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



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.

