BACKGROUND & OBJECTIVES

BACKGROUND

- Eribulin has been indicated for the treatment of patients with locally advanced or metastatic breast cancer who have progressed after at least one chemotherapeutic regimen for advanced disease. However, in our hospital its use is limited to a subgroup of patients with resistance to capecitabine and vinorelbine who have previously received treatment lines including taxanes and anthracyclines.

PURPOSE

- The aim was to analyze the effectiveness of eribulin for the treatment of metastatic breast cancer in a clinical setting. In addition, we explored factors that might influence survival of patients treated.

METHODS

- Following an observational retrospective design, data of patients who received at least one dose of eribulin from February 2014 until July 2016 were obtained from the computerised physician order entry system.

- A data collection form was designed to record patient's demographics, time since diagnosis, sites of metastases, previous lines of treatment, number of cycles of eribulin, progression free survival (PFS), and overall survival (OS) adjusted by age, previous treatment lines (anthracyclines, taxanes, capecitabine and vinorelbine), administration of subsequent lines, and types and number of metastases.

- Graphs were produced and statistics were performed using several packages of the R language (R Development Core Team, http://www.R-project.org).

RESULTS

- Clinical data of 40 patients [97.5% women, 54 years old (range 33-85)] were finally reviewed.

- With a median of time since breast cancer diagnosis of 8.1 years, they had been received a median of 4.6 (range 2-7) treatment lines.

- We detected that most patients did not fulfill local criteria for eribulin use (67.5%). However, they received 3.5 (range 1–16) cycles for metastasic disease (location were 75% bone, 50% lung, 65% liver, and 10% brain).

- Median PFS was 2.4 months (0.5-16.5) and OS with 45% of events was 4.2 months (0.5–20.5). 17.5% of the patients died before 3 months.

- Only liver metastases predicted OS [hazard ratio 4.495; 95% CI 1.011-19.99; p = 0.031].

CONCLUSIONS

- In our case, the effectiveness of eribulin in the clinical setting was modest.

- PFS and OS values were lower than published in literature.

- Survival analysis did not identify a subgroup of patients that could benefit of this treatment in our population.