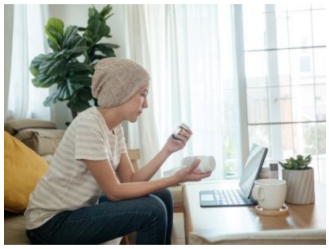
HealthManagement
Promoting Management and Leadership

Flatiron Data Supports Using Palbociclib Plus an Aromatase Inhibitor for Metastatic Breast Cancer



This Pfizer-sponsored study used de-identified data derived from the Flatiron Health Analytic Database in a retrospective observational study to demonstrate palbociclib (PAL) combined with an aromatase inhibitor (AI) is an effective first-line therapy for treating metastatic breast cancer.

Hormone receptor-positive/human epidermal growth factor receptor 2-negative metastatic/advanced breast cancer (HR+/HER2– MBC) is the most common form of metastatic breast cancer. HR+/HER2– MBC often shows poor clinical outcomes due to multiple organ involvement and highlights the need for better treatments. Given its poor prognosis, analysis of the efficacy of already approved treatments can help the clinical decision-making in patients with advanced breast cancer.

Flatiron is an oncology platform licensed to large oncology pharmaceutical companies that aggregates patient data from EHRs, lab and medical claims and matches it with patient trial data. The data originates from 2.4 million actively treated cancer patients in the U.S., which can be used to provide real-world evidence of patient outcomes in retrospective research. In the current study, real-world progression-free survival (rwPFS) and best tumor response (rwBTR) were assessed in 813 patients with HR+/HER2– MBC. The time from starting PAL+AI to death or disease progression was defined as rwPFS, whereas the treating clinician's assessment of change in disease burden based on imaging was defined as rwBTR.

About 86.5% of the patients started PAL at 125 mg/day, with 13.5% using lower doses. About 11% stopped use due to toxicity. PAL treatment at 125 mg/day was associated with improved outcomes compared to the lower doses. Both rwPFS and rwBTR rate improved in comparison to the lower doses (27.8 vs 18.6 months and (54.0% vs 40.4%, respectively). Thus these data show the benefit of the combined PAL+AI treatment at the starting dose of 125 mg/day in routine clinical practice to treat HR+/HER2– MBC.

For more Women's Health news **Click here**

Source: **Clinical Breast Cancer**

Published on : Mon, 9 May 2022