

**Tumor Board Tuesday – Dr. Sarah Sammons & Dr. Paolo Tarantino, 02/28/2023:
CDK 4/6 - Inhibition for Breast Cancer**

Posttest Rationale

1. Which 1L systemic treatment would you select for a 54yo postmenopausal woman with hypertension, hypothyroidism, and metastatic recurrence in the liver, spine, and ribs of ER+/HER2- (IHC 0) BC who previously received treatment with TC and XRT, letrozole, exemestane, and 5 years of AI?

- a. AI + CDK4/6i
- b. Chemotherapy
- c. Elacestrant
- d. Fulvestrant + CDK4/6

Rationale: The guidelines prefer first-line treatment with an AI or fulvestrant plus a CDK4/6 inhibitor; the use of fulvestrant plus CDK4/6 inhibitor is preferred as second- or subsequent-line therapy. An AI plus a CDK4/6 inhibitor is likely the best choice for this patient and allows for the potential, subsequent use of fulvestrant plus a CDK4/6 inhibitor. The mPFS was similar with the addition of a CDK4/6 inhibitor to ET vs ET alone, regardless of the CDK4/6 inhibitor (abemaciclib: 28.2 vs 14.8 months; ribociclib: 25.3 vs 16.0 months; palbociclib: 25.3 vs 16.0 months), though mOS did not reach statistical significance (abemaciclib: 67.1 vs 54.5 months; ribociclib: 53.9 vs 51.2 months; palbociclib: 63.9 vs 51.4 months).

Reference: National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Breast Cancer (v2.2023). Updated February 7, 2023. Accessed February 16, 2023.
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