Dose Adjustments and Adherence to Adjuvant Abemaciclib in a Brazilian Real-World Scenario

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Introduction

Abemaciclib in combination with endocrine therapy (ET) is an established adjuvant option for patients with hormone receptor-positive (HR+), HER2-negative (HER2-) early-stage breast cancer (BC) at high risk of recurrence. However, the prolonged treatment duration (up to two years) in the curative setting presents unique challenges related to tolerability and adherence.

Diarrhea, fatigue, and hematologic adverse events are common and may lead to dose interruptions or permanent discontinuation. Real-world data are essential to better understand patient tolerance, frequency of dose adjustments, and their impact on treatment persistence and outcomes.

We aimed to evaluate adjuvant abemaciclib use in a Brazilian real-world setting, focusing on adherence and the need for dose modifications.

Methods

- Retrospective study of patients with high-risk, early-stage HR+ breast cancer treated with adjuvant abemaciclib between 2019 and 2025 in a private Brazilian network.
- The endpoints evaluated included:
  - Initial abemaciclibe dose
  - Treatment interruptions
  - Dose reductions
  - Permanent drug discontinuation
  - Final abemaciclibe dose
  - Adherence (defined as taking ≥70% of prescribed doses).
- Data collected using RedCap.

Table 1. Patients' characteristics (N = 189)

Age, median (range)	47 (24 – 79)
Histology, N (%)	
Ductal	133 (70.4%)
Lobular	30 (15.9%)
Premenopausal Status, N (%)	111 (58.7%)
Ki67 index ≥ 20%, N (%)	Xx (77.2%)
Grade	
1	16 (8.5%)
2	98 (51.8%)
3	63 (33.3%)
Clinical T status, N (%)	
T1	39 (20.6%)
T2	72 (38.1%)
T3	51 (27%)
T4	11 (5.8%)
Clinical Nodal status, N (%)	
N0	41 (21.7%)
N1	98 (51.9%)
N2-N3	30 (15.9%)
Stage, N (%)	
II	85 (45%)
III	72 (38.1%)
Chemotherapy, N (%)	
Neoadjuvant	100 (52.9%)
Adjuvant	83 (43.9%)
Initial adjuvant ET, N (%)	
Aromatase inhibitor	164 (86.8%)
Ovarian suppression	102 (53.9%)

Results

N = 189

35 patients (18.5%) had completed two years of treatment.

Figure 1. Initial dose of abemaciclib and final dose after dose adjustments.

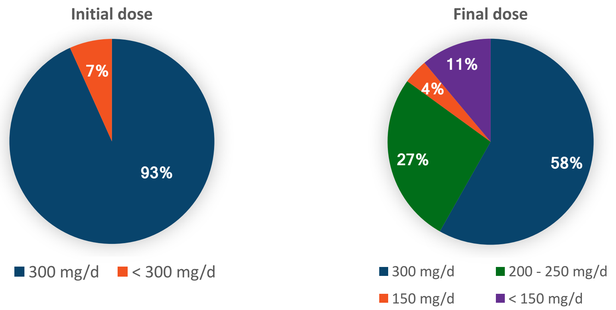
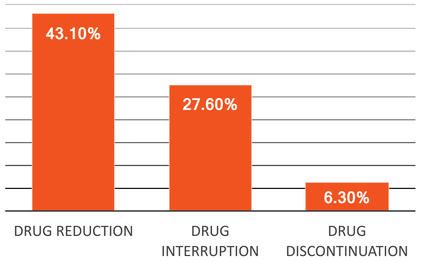


Figure 2. Treatment adjustments due to adverse events during adjuvant abemaciclib.



Main grade ≥ 3 adverse events:
- Diarrhea: 6.3%
- Neutropenia: 7.4%

Among 152 patients with available adherence data, **91.5%** reported good adherence.

CONCLUSIONS

A frequent need for dose adjustments was observed during adjuvant abemaciclib therapy. Nevertheless, permanent discontinuation due to toxicity was uncommon, suggesting that proactive management through dose reductions can effectively support treatment persistence. Given that reduced doses do not appear to compromise efficacy, close monitoring of adverse events and timely dose adjustments remain essential to maintain adherence and maximize clinical benefit in the adjuvant setting.

References

1. Hamilton E et al. Journal of Clinical Oncology 2023 41:16_suppl, 501-501
2. Hudson K et al. SABCS 2024 Poster P1-11-29.

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