PS3-09-13 (1907): Adjuvant Abemaciclib in Male Breast Cancer: A UK Multicentre Case Series from the CONCISE Study

The CONCISE
A Pan-UK Real-World Audit of Adjuvant Abemaciclib Use in High-Risk Early Breast Cancer

SAN ANTONIO BREAST CANCER SYMPOSIUM®
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A. Ghose1, H. Abdallah[3], Y. Owoseni[2], A. Maniam[4], B. Baraka[5], S. Horne[6], A. Nazir[6], L. Mooney[7], F. Nazeer[8], N.Atsumi[4], L. McAvan[9], M. Abraham[10], E. Bean11, D. Morgan[12], G. Langford[12], E. Morris[13], R. Muhammad[14], E. Daniels[15], R. Pravinkumar[16], S.Mohammed[17], S. Raza[18], C. Blair[19], R. Khan[20], M. Tsalic[6], R. Kussaibati[6], R. Douglas[7], K. Panagiotis[21], S. Waters[12], J. Smith[11], E.Papadimitraki[13], C. Michie[16], C. Wilson[20], A. Konstantis14, O. Ayodele[2];

1 Barts Cancer Centre, 2 University Hospitals of Leicester NHS Trust, 3 Cambridge Clinical Research Centre, Cambridge University Hospitals NHS Foundation Trust , 4 Portsmouth Hospitals University NHS Trust, 5 Nottingham University Hospitals NHS Trust, 6 University Hospitals Birmingham NHS Foundation Trust, 7 Northern Ireland Cancer Centre, 8 Royal Surrey Cancer Centre, Royal Surrey NHS Foundation Trust, 9 University Hospitals Coventry and Warwickshire NHS Trust, 10 Dorset Cancer Centre, University Hospitals Dorset NHS Foundation Trust, 11 Northern Centre for Cancer Care, Newcastle upon Tyne Hospitals NHS Foundation Trust, 12 Velindre Cancer Centre, Velindre University NHS Trust, 13 University College London Hospitals NHS Foundation Trust, 14 Princess Alexandra Hospital NHS Trust, 15 Dyson Cancer Centre, Royal United Hospitals Bath NHS Foundation Trust, 16 Edinburgh Cancer Centre, 17 Great Western Hospitals NHS Foundation Trust, 18 Hull University Teaching Hospitals NHS Trust, 19 University Hospitals of Bristol and Weston NHS Trust, 20 The Christie NHS Foundation Trust, 21 Frimley Health NHS Foundation Trust.

Background

Male breast cancer (MBC) is uncommon, comprising roughly 1% of all breast cancer diagnoses [1,2]. Because of this rarity, clinical management is chiefly extrapolated from trials in women and prospective, male-specific trial data are limited [3].

Men with breast cancer typically present at an older age and with more advanced disease than women, and tumours are more often hormone receptor–positive [4,3]. Several population studies and cohort analyses have also reported worse long-term survival for men compared with women after diagnosis, which may relate to later stage at presentation and older age at diagnosis [5,4].

The monarchE trial established that adjuvant abemaciclib (AA) added to endocrine therapy improves invasive disease-free survival in patients with high-risk, hormone receptor–positive, HER2-negative early breast cancer; however, sex-specific outcomes were not reported in the primary monarchE publications [6,7].

To our knowledge, real-world data describing the use of adjuvant abemaciclib in male breast cancer patients have not been reported previously, and our series represents the first such report.

Aims

To evaluate the real-world use, safety, and tolerability of AA with Endocrine treatment (ET) in the male population within the CONCISE study.

Methods

This case series is a subset of the CONCISE study, a retrospective, multicentre UK audit evaluating AA use across 21 centres between July 2022 and April 2025. Male patients with HR+/HER2– EBC who received AA were included. Data were collected using the Ledidi platform and analysed descriptively using Jamovi. Variables assessed included disease characteristics, systemic therapies received, abemaciclib duration, dose modifications, and adverse events (AEs).

Results

Of 1,026 patients in the CONCISE dataset, 13 (1.3%) were male. Median age at diagnosis was 72 years (range 28–81), and most patients (69%) were White. Staging at diagnosis included: Stage IB (n=6), IIA (n=1), IIB (n=2), IIIA (n=2), and IIIB (n=1). All tumours were ER-positive, HER2-negative (IHC 0–2+). Tumour grade distribution: G1 (n=1), G2 (n=6), and G3 (n=5).

Neoadjuvant chemotherapy was administered in 2 patients; neoadjuvant endocrine therapy (tamoxifen) in 1. Breast-conserving surgery was performed in 1 case; the remainder underwent mastectomy. Adjuvant chemotherapy was delivered in 8/13 patients (62%), with 75% completing ≥6 cycles. Adjuvant ET included tamoxifen (n=8), aromatase inhibitors with ovarian function suppression (OFS) (n=5).

Median AA duration was 12.3 months (range 1.9–24). At the time of analysis, 4 patients (31%) remained on therapy. Among those who discontinued, 5 (56%) stopped prematurely due to toxicity, 1 due to disease progression, and 3 completed the full 24-month course. At least one dose reduction occurred in 6 patients (46%), with a second reduction in 1.

Results (cont'd)

AEs included diarrhoea in 7 patients (54%, ≥G2 in 1), anaemia in 4 (31%, ≥G2 in 2), neutropenia in 6 (46%, ≥G2 in 5; including G3 in 3), thrombocytopenia in 3 (23%, ≥G2 in 2), and transaminitis in 2 (15%, G1 only). No treatment-related deaths were reported.

Table 1. summary of patient demographics, disease and treatment characteristics.

	Male cohort
Total patients number	N=13
Ethnicity	
• **Caucasian**	69%, n=9
• **Asian**	7.6%, n=1
• **Black, Caribbean, African**	0%, n=0
Median age at diagnosis	72 years (28-81)
Positive axillary Lns	
1-3	30.8%, n=4
≥4	66.7%, n=8[§]
Disease characteristics [§]	
Clinical stage I	54%, n=6
Clinical stage II	38.4%, n=5
Clinical Stage III	7.6%, n=1
Grade: G1	7.6%, n= 1
G2	46.2%, n=6
G3	38.4%, n=5

Treatment characteristics	
Neoadjuvant Chemotherapy	**15.4%, n=2**
Neoadjuvant ET	**7.6%, n=1**
Adjuvant Chemotherapy	**61.5%, n=8**
Surgical treatment	
Mastectomy	**92.4%, n=12**
BCS	**7.6%, n=1**
Median duration of adjuvant Abemaciclib	12.3 months (range 1.9–24)
Completion 2 years treatment	**23%, n=3**
Still on treatment	**31%, n=4**
Stopped due to toxicity	**56%, n=5**
Stopped due to progression	**7.6%, n=1**
One level dose reduction	46%, n=6
Further dose reduction	7.6%, n=1

[§] one patient not available.

Conclusions

This is the first UK real-world cohort reporting on AA use in male breast cancer, an underrepresented population. Compared to the monarchE AA+ET cohort, male patients were older (median age 72 vs. 51 years), had slightly shorter treatment duration (12.3 vs. 14 months), and similar rates of dose reduction (46% vs. 41.2%). However, discontinuation due to toxicity was higher in this cohort (56% vs. 16.6%), highlighting the need of larger, prospective cohorts for tailored toxicity monitoring and management strategies in men receiving AA. While these findings should be generalised with caution due to limited sample size, treatment overall appears manageable and associated with toxicity profiles seen in other populations.

Male Breast Cancer Global Alliance
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Contact

Dr Aruni Ghose
Barts Cancer Centre, Barts Health NHS Trust, London, UK
Email: aruni.ghose@nhs.net

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