CHARACTERISTICS OF PATIENTS WITH HR+/HER2- EARLY BREAST CANCER ELIGIBLE FOR ADJUVANT TREATMENT WITH CDK4/6i: REAL-LIFE EVIDENCE IN A COLOMBIAN CANCER CENTER.

ALFREDO S. GOLEMBA[1], PABLO MANDÓ[2], SHIRLY P. RODRIGUEZ TORRES[1], RUSVELT VARGAS MORANTH[1,3], ASTOR A. AGUIRRE SANTAMARÍA[1]

[1]Centro Cancerológico del Caribe LTDA, Barranquilla, Colombia. [2]Centro de Educación Médica e Investigaciones Clínica (CEMIC), Ciudad de Buenos Aires, Argentina.[3]Universidad del Norte, Barranquilla, Colombia. Contact: sebastiangolemba.md@cecacltda.com

Background

- Over 90% of breast cancer (BC) are diagnosed at early stages, of which 70% are hormone receptor-positive (HR+), HER2-negative (HER2-) tumors.
- Patients with early-stage HR+/HER2- BC still face risks of early and late recurrence, specially with high risk features.
- MONARCH-E and NATALEE trials have shown promising results for CDK4/6i in the adjuvant setting, with differences in patient selection criteria.
- ***The primary objective of this study was to determine the rate of HR+/ HER2- BC patients considered of high risk elegible for abemaciclib and ribociclib in pivotal trials and describe its clinical characteristics.***

Materials and Methods:

- A retrospective and observational study was conducted at the Centro Cancerológico del Caribe Ltda. in Barranquilla, Colombia.
- Included patients over 18 years of age with HR+/HER2- BC at clinical stages I-III, diagnosed between July 2022 and December 2024.
- The monarchE and NATALEE criteria were applied.
- Data were collected from electronic medical records.

Results: Table 1 details the population characteristics. Figures 1 and 2 show the candidate population for abemaciclib and ribociclib, respectively.

Table 1. Characteristics of the population of patients with HR+/HER2- BC.

		% (N=334)
Age years old (Median-IQR)		61 (51-68)
Menopausal status	Premenopausal	22.8 (76)
	Postmenopausal	77.2 (257)
Histology	Ductal/NOS	83.2 (277)
	Lobular	5.4 (18)
	Other	11.4 (38)
Histologic Grade *	I	30.1 (95)
	II	56.3 (178)
	III	13.6 (43)
Lymphovascular invasion**		17.2 (53)
ER low		3.3 (11)
HER2 low		23.4 (78)
Ki 67 ≥20%	Yes	45.2 (151)
	No	54.8 (183)
Stage	IA	25.1 (84)
	IIA	26.3 (88)
	IIB	16.8 (56)
	IIIA	16.8 (56)
	IIIB	7.8 (26)
	IIIC	7.2 (24)
Chemotherapy	Adyuvant	7.8 (26)
	Neoadyuvant	43.4 (145)
	None	48.8 (163)
Type of surgery***	Lumpectomy + SLNB	21.2 (66)
	Lumpectomy + ALND	8.4 (26)
	Mastectomy + SLNB	10.6 (33)
	Mastectomy + ALND	59.8 (186)
pCR****	Yes	13.3 (17)

*n= 316; **n= 308; ***n= 311; ****n= 128.ER low= Estrogen receptor <10%; HER2 low= HER2 1+ or 2+ with negative ISH; SLNB= Sentinel lymph node biopsy; ALND= Axillary lymph node dissection; pCR= pathological complete response

Figure 1. A: patients elegible for adjuvant abemaciclib B: distribution of patients according to risk factors.

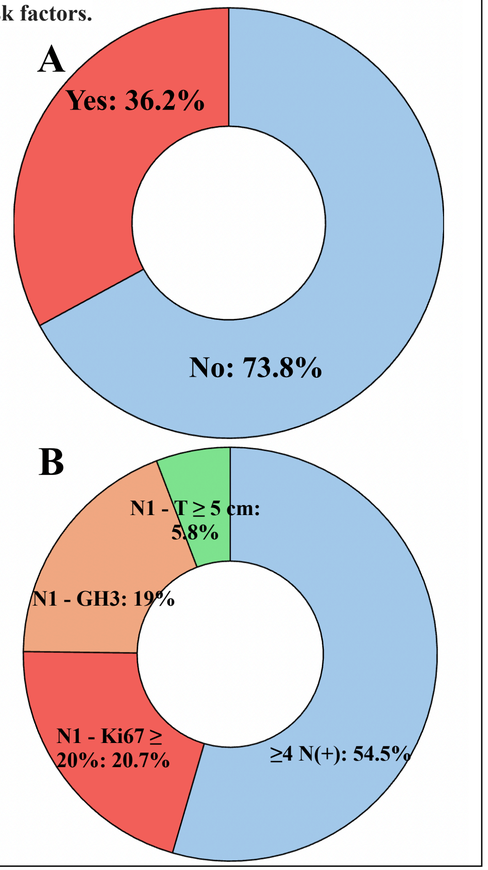
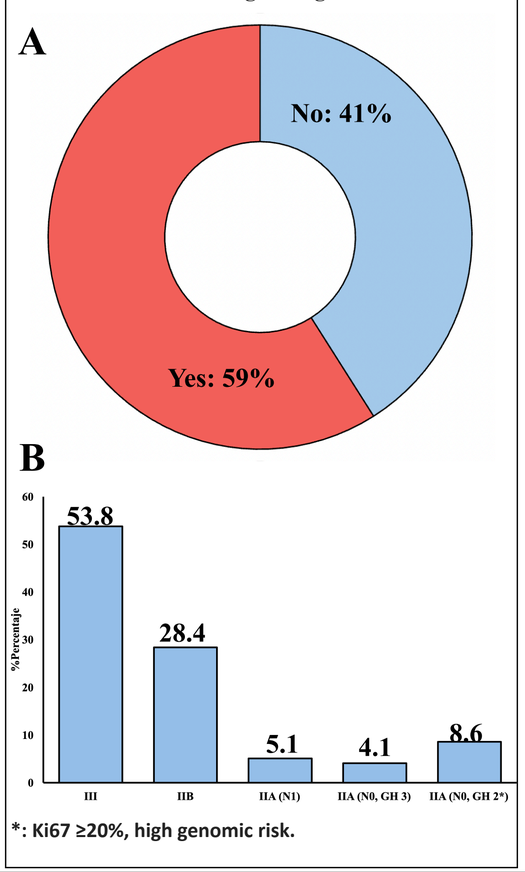


Figure 2. A: patients elegible for adjuvant ribociclib. B: distribution according to stage of disease.



*: Ki67 ≥20%, high genomic risk.

Discussion and Conclusions:

-This study provides real-world evidence about the proportion of HR+/HER2 BC patients who would be CDK4/6i candidates in the adjuvant setting in Colombia.

-This has important clinical, economic, and healthcare access implications for local health system.

-Findings emphasize the importance of strengthening early detection programs in Colombia to increase diagnosis in situations with less relapse risk.

References:

- Bray F, et al. CA Cancer J Clin. 2024 May-Jun;74(3):229-263.
- Howlader N, et al. J Natl Cancer Inst. 2014 Apr 28;106(5):dju055.
- Cardoso F, et al. Breast. 2018 Jun;39:131-138. Loibl S, et al. Ann Oncol. 2024 Feb;35(2):159-182.
- Early Breast Cancer Trialists' Collaborative Group. Lancet. 2024 Oct 12;404(10461):1407-1418.
- Pedersen RN, et al. J Natl Cancer Inst. 2022 Mar 8;114(3):391-399.
- Giuseppe Curigliano et al. JCO 42, 541-541(2024).
- O'Shaughnessy J, et al. Breast. 2025 Jun;81:104437.
- Johnston SRD, et al. J Clin Oncol. 2020 Dec 1;38(34):3987-3998.
- Slamon D, et al. N Engl J Med. 2024 Mar 21;390(12):1080-1091.

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