Background

- “Preference for trastuzumab SC was irrespective of SC/IV sequence, and of potentially influencing factors.”
- “A single angiogenesis inhibitor was currently being developed as an alternative to IV SC injection.”
- “Pharmacoeconomic comparisons between the two regimens have not been published, with currently high SC performance shown here.”
- “The main endpoint of the trial was the primary endpoint.”

Methods

- “The overall study design is shown in Figure 1.”

Table 1: Patient demographics, tenacity characteristics and treatment history (evaluable ITT population)

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>30–39</td>
<td>55.1</td>
<td>44.9</td>
<td>0.058</td>
</tr>
<tr>
<td>40–49</td>
<td>53.4</td>
<td>46.6</td>
<td>0.127</td>
</tr>
<tr>
<td>50–59</td>
<td>52.2</td>
<td>47.8</td>
<td>0.406</td>
</tr>
<tr>
<td>60–69</td>
<td>50.0</td>
<td>50.0</td>
<td>0.836</td>
</tr>
<tr>
<td>70+</td>
<td>47.8</td>
<td>52.2</td>
<td>0.423</td>
</tr>
</tbody>
</table>

Table 2: Primary reasons for patients’ preference (evaluable ITT population)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total (n = 207)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of administration</td>
<td>97 (49.2%)</td>
</tr>
<tr>
<td>Fewer perceived reactions (less pain, bruising, irritation, etc.)</td>
<td>78 (37.3%)</td>
</tr>
<tr>
<td>Safety as assessed by physical examination and risk to every patient</td>
<td>18 (8.7%)</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>10 (4.8%)</td>
</tr>
</tbody>
</table>

Conclusions

- “In Cohort 1 of the PresfHer study, patients overwhelmingly (91.5%) preferred fixed-dose trastuzumab SC over standard IV for the treatment of HER2-positive early breast cancer.”
- “Preference for trastuzumab SC was irrespective of IV/SC sequence, and of potentially influencing factors.”
- “The overall safety profile of trastuzumab SC and IV therapy was consistent with the known safety profile of trastuzumab IV in early breast cancer.”
- “Safety data did not raise any safety concerns for this.”
- “Patients’ preference results from PresfHer combined with efficacy and pharmacokinetic results from HAMART suggested that a fixed dose of 60 mg trastuzumab SC every 3 weeks may be considered a valid and preferred option for the treatment of HER2-positive breast cancer.”

Acknowledgements

- “We would like to thank the individuals who contributed to the design of the study instruments, the patients, their families, the nurses, and the healthcare professionals.”

References