

Early supportive interventions needed to reduce treatment burden of abemaciclib + endocrine therapy in metastatic breast cancer

Real-world patient outcomes and experiences with abemaciclib in combination with endocrine therapy (ET) for HR+/HER2- advanced or metastatic breast cancer (MBC): qualitative findings of a mixed-methods study



Side effects

Sometimes by the time I've actually got to the toilet I've actually started to do it, I've got caught out, no control, it's just coming. And that's bad because like I say you don't want to make a mess of yourself

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BACKGROUND

- CDK4/6 inhibitors plus ET are gold standard treatment for HR+/HER2- MBC
- Diarrhoea is the most common side effect of the CDK4/6 inhibitor abemaciclib
- There is a lack of understanding of how people manage this treatment including side effects - outside clinical trials

RESULTS

- 8 themes were developed
- Diarrhoea and other side effects (i.e. fatigue) affected daily activities and family/social life
- Participants expected diarrhoea, but not the symptom severity
- They felt less informed about other side effects
- Participants discussed treatment

Side effect management

If I take my first one late in the day, and I haven't got enough hours left to take the second one before you go into bed, then I may skip the second one. But that has not often happened

Treatment information & support

I wasn't prepared for the pain. They said that I could have diarrhoea and did give me some tablets for it. But the pain was the worst thing, it was excruciating

Relationship impacts

He didn't sign up to be a carer, he signed up to be my husband. And it really affects you mentally, physically, because you can't do the physical side ofit

- The IMPACTOR study looked at real world outcomes and patient experiences
- METHODS
- Mixed-methods 6-months study using PROs, weekly diarrhoea diaries + optional singular interviews
- 20/44 participants (aged 42-83) were interviewed between

beliefs and a desire to remain on it

- They used various strategies to achieve this, be it dietary changes or carrying personal hygiene supplies in public
- Clinical support was variable

CONCLUSIONS

 Interviews point to disparity between patients' perseverance to remain on treatment and the supportive care to achieve this

Impact to daily life

I'm going to carry on doing whatever I can, regardless of what the treatment puts in my way. I will find a way round it. You've got to live. You've got to live with cancer and you have to live with the treatment that you're on

Finances & employment

I'm hoping that I'll be fine, the side effects will be all right, and it won't be so bad, and I can go to work

MBC

Basically what I'm tolerating is worth keeping on the full dose and giving that the best shot at the moment

2020 and 2023

- Interview transcripts were analysed using the framework approach
- There was a lack of information and

educational resources available, including peer support, to best

manage treatment side effects

COVID-19

I don't know whether it's because of COVID and you can't talk to your consultant face to face and you don't see them. It's hard when you're doing it on a 2-minute telephone call





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An investigator led study funded by Eli Lilly



