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Ribociclib and Endocrine Therapy in Breast Cancer

Rocca, Andrea; Melegari Elisabetta; Palleschi Michela. **The New England Journal of Medicine** 381.16: 1592-1593. Massachusetts Medical Society. (Oct 17, 2019)

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AB

Abstract (summary) Translate [unavailable for this document]

To the Editor: The MONALEESA-7 (Mammary Oncology Assessment of LEE011's [Ribociclib's] Efficacy and Safety-7) trial (July 25 issue)¹ showed a significant overall survival benefit with the addition of a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor, ribociclib, to endocrine therapy in patients with luminal advanced breast cancer. In the PALOMA-3 (Palbociclib: Ongoing Trials in the Management of Breast Cancer-3) trial,² however, palbociclib added to fulvestrant did not improve overall survival significantly. A higher percentage of patients in the MONALEESA-7 trial (which focused on first-line therapy) had endocrine-sensitive disease¹ or were of Asian race (approximately 30%, vs. 20% in the PALOMA-3 . . .

TX

Full Text Translate [unavailable for this document]

To the Editor: The MONALEESA-7 (Mammary Oncology Assessment of LEE011's [Ribociclib's] Efficacy and Safety-7) trial (July 25 issue)¹ showed a significant overall survival benefit with the addition of a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor, ribociclib, to endocrine therapy in patients with luminal advanced breast cancer. In the PALOMA-3 (Palbociclib: Ongoing Trials in the Management of Breast Cancer-3) trial,² however, palbociclib added to fulvestrant did not improve overall survival significantly. A higher percentage of patients in the MONALEESA-7 trial (which focused on first-line therapy) had endocrine-sensitive disease¹ or were of Asian race (approximately 30%, vs. 20% in the PALOMA-3 trial),³ both of which are factors that may have contributed to the difference in outcomes. somewhat unexpected in this population of young patients, most of whom (86%) received the study treatment as first-line treatment.⁴ In comparison, 80% of the patients in the placebo group in the PALOMA-3 trial received at least one additional line of therapy, although most patients (75%) received the study treatment as a second-line or later line of treatment.² We wonder if the extent of subsequent treatments may have affected overall survival, given the documented effect of survival after disease progression on the ability to detect an overall survival benefit.⁵

WC

Dr. Rocca reports having served on advisory boards for Novartis, Pfizer, and Lilly. No other potential conflict of interest relevant to this letter was reported.

Word count: **248**

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Author Rocca, Andrea; Melegari Elisabetta; Palleschi Michela¹

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¹ Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST) IRCCS, Meldola, Italy

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Person	PER	per(osler)	Named person as subject or author of reviewed work.
Publication date	PD	pd(20190829)	
Publication title ²	PUB	pub("new england journal of medicine")	All records are from the New England Journal of Medicine. Use this search in a multi-file search to narrow results to this journal.
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