HR+ Metastatic Breast Cancer Targeted Therapy Profiles

CDK4/6 INHIBITORS

<table>
<thead>
<tr>
<th>ABEMACICLIB</th>
<th>PALBOCICLIB</th>
<th>RIBOCICLIB</th>
<th>MTOR INHIBITORS</th>
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**DOSE**

- **Starting dose**: 125 mg taken orally once daily for 21 consecutive days followed by 7 days off treatment
- **Starting dose**: 600 mg orally (three 200 mg tablets) taken once daily for 21 consecutive days followed by 7 days off treatment
- **Starting dose**: 200 mg twice daily
- **Starting dose**: 150 mg twice daily

**Administration**

- Can be taken with or without food.
- Take orally with food. Take the dose at approximately the same time each day.
- Can be taken orally with or without food.
- Take either consistently with or consistently without food; swallow whole with a glass of water; take at the same time every day.

**ADVERSE REACTIONS**

- Common adverse reactions (incidence ≥ 10%) are neutropenia, rash, fatigue, diarrhea, and decreased appetite.
- Common adverse reactions (incidence ≥ 10%) are neutropenia, rash, fatigue, diarrhea, leukopenia, vomiting, alopecia, headache, constipation, and rash.
- Common adverse reactions (incidence ≥ 30%) are stomatitis, insomnia, fatigue, diarrhea, edema, abdominal pain, nausea, fever, asthenia, cough, headache, and decreased appetite.

**PATIENT CONSIDERATIONS**

- **Risk of developing**: (1) Diarrhea: At the first sign of loose stools, initiate anti-diarrheal medication, increase oral fluids, and notify your healthcare provider.
- **Risk of developing**: (2) Low white blood cells: Immediately report any signs of infection including fever. Monitor CBCs prior to the start of therapy, every two weeks for the first two months, monthly for the next two months, and as clinically indicated.
- **Risk of developing**: (3) Liver injury: Perform LFTs before initiating treatment, every two weeks for the first two months, monthly for the next two months, and as clinically indicated.
- **Risk of developing**: (4) Monitor for signs and symptoms of clots, which could include leg pain or swelling, shortness of breath, or chest pain.
- **Risk of developing**: (5) Can cause fetal harm. Use effective contraception during treatment and at least three weeks after the last dose.

**Avoid**

- (1) Concurrent use with strong CYP3A inhibitors, like ketoconazole, and strong or moderate CYP3A inducers.
- (2) Grapefruit and grapefruit juice.
- (3) Breastfeeding

**Risk of developing**: (1) QT prolongation: Monitor electrocardiograms and electrolytes prior to initiation of treatment, approximately day 14 of the first cycle, at the beginning of the second cycle, and as needed. Electrolytes will also be monitored at the beginning of each cycle for six cycles and as needed.
- (2) Low white blood cells. Immediately report any signs of an infection, including fever.
- (3) Liver injury: Report any signs or symptoms immediately. LFTs will be collected before initiating therapy and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.
- (4) Diarrhea: At the first sign of loose stools, initiate anti-diarrheal medication, increase oral fluids, and notify your healthcare provider.
- (5) Bone marrow suppression leading to low blood counts: Monitor CBCs periodically during therapy.
- (6) Impaired wound healing or dehiscence during treatment.
- (7) Metabolic disorders: Monitor glucose and lipids periodically during therapy.
- (8) Metallic taste: Report any signs or symptoms immediately. LFTs will be collected before initiating treatment and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.
- (9) Can cause fetal harm: Use effective contraception during treatment and for at least three weeks after the last dose.

**Avoid**

- (1) Concurrent use with strong CYP3A inhibitors, inducers, substrates with a narrow therapeutic index being co-administered with palbociclib may require dose reduction.
- (2) Grapefruit and grapefruit juice.
- (3) Breastfeeding

**Risk of developing**: (1) Angioedema including rash, itching, hives, difficulty breathing or swallowing, flushing, chest pain, or dizziness.
- (2) Severe allergic reactions: Seek emergency care for signs of allergic reaction, including rash, itching, hives, difficulty breathing or swallowing, flushing, chest pain, or dizziness.
- (3) Mouth sores: Use alcohol-free mouthwashes during treatment.
- (4) Kidney failure: Monitor kidney function prior to and periodically during treatment.
- (5) Bone marrow suppression leading to low blood counts: Monitor CBCs periodically during therapy.
- (6) Impaired wound healing or dehiscence during treatment.
- (7) Metabolic disorders: Monitor glucose and lipids periodically during therapy.
- (8) Metallic taste: Report any signs or symptoms immediately. LFTs will be collected before initiating treatment and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.

**Avoid**

- (1) Liver injury: Report any signs or symptoms immediately. LFTs will be collected before initiating therapy and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.
- (2) Low white blood cells: Immediately report any signs of infection, including fever.
- (3) Liver injury: Report any signs or symptoms immediately. LFTs will be collected before initiating therapy and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.
- (4) Diarrhea: At the first sign of loose stools, initiate anti-diarrheal medication, increase oral fluids, and notify your healthcare provider.
- (5) Bone marrow suppression leading to low blood counts: Monitor CBCs periodically during therapy.
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- (7) Metabolic disorders: Monitor glucose and lipids periodically during therapy.
- (8) Metallic taste: Report any signs or symptoms immediately. LFTs will be collected before initiating treatment and every two weeks for the first two cycles, at the beginning of each subsequent four cycles, and as needed.

**Avoid**

- (1) Live vaccines and close contact with those who have received live vaccines.
- (2) Angiotensin converting enzyme inhibitors: Concomitant use may increase risk of swelling under the eyes.
- (3) Concurrent use of P-gp and strong CYP3A inhibitors.
- (4) Grapefruit and grapefruit juice.
- (5) Breastfeeding

*Refer to package insert for incidence of events in pivotal clinical trials.


Funding for development of this activity was provided by an independent educational grant from Pfizer Inc.

Always refer to the package insert for the most up-to-date drug information.

last updated 05/17/19