ERIBULIN IN HER2 NEGATIVE METASTATIC BREAST CANCER, ASSESSMENT OF OVERALL SURVIVAL IN REAL WORLD

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Aim: Recently new chemotherapeutic agents for metastatic breast cancer (MBC) have been developed and introduced to bedside. Some of them improved overall survival (OS) in clinical trial, however, it is still unclear those agent(s) improve OS of MBC patients in real world.

Methods: HER2 negative MBC (HER2-MBC) patients who received chemotherapy (-ies) in our institute from September 2002 to March 2014 were reviewed. Kaplan-Meier method was utilized to estimate median OS and log-rank test was used to compare OS between subgroups. Univariate and multivariate Cox regression analyses were preformed to find significant factor(s) concerning OS.

Results: Upon checking our medical record, 446 HER2-MBC patients, median age of 55 (range 25-85) at their diagnosis of MBC were found, and 397 patients were receiving/received chemotherapy (-ies). Disease statuses were as follows; 105 (26.4%) advanced, 292 (73.6%) recurrent, 321 (80.9%) luminal, 149 (37.5%) with visceral disease at MBC diagnosis. Multivariate COX regression analysis disclosed use of eribulin, triple-negative status and liver involvement at the diagnosis of MBC influenced OS significantly. (HR = 2.29; 95% confidence interval [CI] 1.73-3.04; P < 0.0001, HR = 0.55; 95%CI 0.38-0.81; P = 0.002, and HR = 1.55; 95%CI 1.12-2.13; P = 0.008 respectively) Eribulin was administered to 73 HER2-MBC patients (55 luminal, 18 triple-negative), and it significantly improved their OS compared to patients who did not receive eribulin (median OS 1717.0 versus 1163.0 days; HR = 0.61, 95%CI 0.44-0.86, P = 0.004). Subset analyses showed eribulin improved OS both in luminal (median OS 2669.0 days; HR = 0.59, 95%CI 0.39-0.87, P = 0.009) and triple-negative patients (median OS 1313.0 days; HR = 0.53, 95%CI 0.28-0.99, P = 0.049).

Conclusions: According to our retrospective, multivariate analyses of house data, eribulin significantly improved OS of HER2-MBC patients. We have to reassess the value of new chemotherapeutic agents continuously.

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