Background and importance  Treatment goals for advanced or metastatic breast cancer include not only delaying progression of the disease and extending survival, but also maintaining or improving the quality of the patient’s life. New targeted therapies, such as cyclin dependent kinase (CDK) 4/6 inhibitors, have improved patient outcomes with hormonal receptor positive, HER negative, metastatic breast cancer compared with conventional single agent endocrine therapy. They contribute to clinical benefit but at the same time they are the cause of complex and potentially severe adverse events that require good clinical management of toxicities.

Aim and objectives  To assess the safety of CDK4/6 inhibitors, analysing the relevant adverse drug reactions (ADRs) and reviewing the clinical management of toxicities.

Material and methods  A retrospective observational study was conducted in a second level hospital. We assessed the safety of three CDK4/6 inhibitors (ribociclib, palbociclib and abemaciclib), reviewing the medical and pharmaceutical records of all patients that attended the pharmacy department from January to March 2020. Collected data were: age, ECOG, cancer type, grade and clinical differentiation 1 and 2 (well differentiated) and patients rescued by surgery had better OS (p<0.05). 23/59 patients started treatment with doses lower than recommended in clinical practice guidelines. In terms of safety, 34/59 patients had at least one adverse event that required good clinical management of toxicities.

Results  58 patients were included, median age 55 years (75–39), and 67% (39) received ribociclib, 29% (17) received palbociclib and 4% (2) received abemaciclib. ECOG at the beginning was 0 in 55% (32) of patients, 1 in 28% (16) and 2 in 10% (6). 100% of patients had disease stage IV and the main metastatic location was bone (87%). Average number of cycles received was 15 (1–36). 38 (66%) patients had severe ADRs (grades 3–4), approximately 3 severe ADRs per patient. Neutropenia was the most common ADR grade 3/4 (85%) related to CDK4/6 inhibitors, and was highest with ribociclib compared with the other CDK4/6 inhibitors, followed by gastrointestinal disorders (5%). These severe ADRs required dose reductions in 15% (31), temporary interruptions in 37% (79) and permanent discontinuation of treatment in 4% (7). 19 patients also needed supportive treatments.

Conclusion and relevance  In spite of the manageable safety profile of CDK4/6 inhibitors in clinical practice, the frequency of severe ADRs associated with these treatments makes consistent close monitoring of side effects and toxicity necessary due to inter-patient variability, along with practical management strategies to find the optimal therapy for each patient.
Background and importance Daratumumab is an anti-CD38 monoclonal antibody now extensively used for multiple myeloma. Due to the high risk of infusion related reactions (IRRs), it is administered over a period of 4 hours. The French Myeloma Intergroup, as part of COVID-19, has authorised infusions of daratumumab over 1.5 hours in clinical trials (CT) based on studies showing a safety profile comparable with long infusions.

Aim and objectives The aim of this study was to evaluate IRRs associated with rapid injection of daratumumab in a real life population.

Material and methods From June to July 2020, after medical approval, patients who were given two or more doses of daratumumab with standard infusion rates were authorised to receive ‘rapid dara’ (infusion 1.5 hours). A group was organised by the pharmacy for the nursing team to present the new infusion rate and to remind them of the risks of IRRs. Patient characteristics (age, sex, comorbidities), previous daratumumab infusions (including if patients experienced IRRs) and type of protocols were collected. IRRs were directly recorded in validation administration software.

Results 23 patients received ‘rapid dara’ during the study period and no IRRs were reported. Mean age was 69.5 years; 5/23 patients were between 45 and 65 years old, 13/23 between 65 and 75 years old and 5/23 were >75 years old. 15/23 were women and 8/23 were men. 15/23 patients had at least one comorbidity; 13/23 had at least one cardiovascular comorbidity, 3/23 had one pneumological comorbidity and 6/23 had renal impairment. In terms of treatment, 21/23 patients were receiving multidrug therapy (compared with 2/23 on daratumumab monotherapy). 6/23 had previously received between 3 and 10 INJ, 14/23 between 11 and 20 INJ and 3/23 had received >20 INJ.

Conclusion and relevance Our findings suggest that in real life patients, ‘rapid dara’ is safe in terms of IRRs. These results are in agreement with those presented in previous CT. In the context of the COVID-19 crisis, decreased infusion time allows a reduction in contact time, decreased hospitalisations, and optimises nurse time. Rapid daratumumab appears to be a safe and economic alternative while waiting for subcutaneous daratumumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest