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Single center study in the Philippines on Eribulin mesylate in metastatic breast cancer from 2013-2016

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Introduction: There is no standard sequence in giving treatment for metastatic breast cancer. Eribulin mesylate has been approved for heavily pretreated patients in the second line setting.

Method: Case series from a single institution in the Philippines including all metastatic breast cancer patients given Eribulin in both out-patient and in-patient services in St. Luke's Medical Center Quezon City from 2013-2016.

Results: Thirty-four patients were given Eribulin from January 2013-December 2017 in our institution for Metastatic Breast Cancer. Median age was 59.1 (37-84). Hormone receptor status were mostly: triple negative 12 (35.29%) and ER (+) PR (+) Her2 (-) with 9 (26.47%). Most 24 (70.59%) had received prior one line of treatment while 6 (17.64%) had received prior two lines of treatment. There were 3 out of 34 patients who had ER (+) PR (+) Her2 (-) subtype, one patient had 2 months response while two patients had 3 months response to Eribulin. Hormone receptor subtype ER (+) PR (+) Her2 (+) had 3/34 patients which response to Eribulin in 2, 3, 3 months while triple negative subtype, had the most number of patient 12/34 had one patient with 5 and 12 months each response, two patients with 0.5, 3 and 4 months each response, four patients with 2 months response, and four patients with 2 months response each with Eribulin. Common adverse events to Eribulin were neutropenia 17 (50%) and fatigue 15 (44.11%). Reasons for discontinuation of Eribulin were due either to adverse events 7 (25.92%) or disease progression 24 (70.59%).

Conclusion: Eribulin mesylate in our institution was used mostly as a second line setting and was used not only in triple negative breast cancer but as well as other breast subtypes as well. Most common metastatic site were lung and liver. Most patients had stable disease. One patient had achieved complete response when Eribulin was used as second line metastatic setting. Most common cause of discontinuation were due to progressive disease, while only modest had discontinuation due to adverse effects.

Biography

Amabelle Trina Gerona is working as Medical Oncology Fellow at St. Luke's Medical Center, Philippines.

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