

<https://doi.org/10.29289/259453942025V36S10977>

977 – Dose adjustments and adherence to adjuvant abemaciclib in a Brazilian real-world scenario

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Introduction: Abemaciclib combined with endocrine therapy is an established adjuvant treatment for high-risk hormone receptor-positive (HR+), human epidermal growth factor receptor 2 (HER2)-negative early breast cancer. However, its prolonged use (up to two years) poses challenges related to tolerability and adherence, given the toxicity profile of CDK4/6 inhibitors. Common adverse events such as diarrhea, fatigue, and hematologic toxicity may lead to dose modifications or discontinuation. Real-world data are important to better characterize treatment patterns and adherence.

Methods: This retrospective study evaluated patients with high-risk HR+ early breast cancer treated with adjuvant abemaciclib between 2019 and 2025 in Brazil. Key endpoints included initial dosing, treatment interruptions, dose reductions, maintenance dosing, permanent discontinuation, and reasons for discontinuation.

Results: A total of 189 patients were included (median age 47 years; 58.7% premenopausal). Most tumors were stage II–III, grade 2–3, and had Ki-67 expression $\geq 20\%$. Over half received neoadjuvant chemotherapy. Most patients (86.8%) received aromatase inhibitors, and 53.9% had ovarian suppression. Nearly all patients (93.3%) initiated abemaciclib at the standard dose (300 mg daily). At the time of analysis, 18.5% had completed the planned two years. Dose interruptions occurred in 27.6% and dose reductions in 43.1%. After dose adjustments, 58.2% maintained 300 mg daily, while others required lower doses. Permanent discontinuation due to toxicity occurred in only 6.3%, typically after prior dose reductions. Grade ≥ 3 diarrhea and neutropenia occurred in 6.3% and 7.4%, respectively. Among patients with adherence data, 91.5% maintained good adherence ($\geq 70\%$ of prescribed doses).

Conclusion: Dose modifications are common during adjuvant abemaciclib therapy in real-world practice. However, discontinuation rates are low, suggesting that proactive toxicity management with dose adjustments supports treatment adherence. These findings reinforce the importance of close monitoring and individualized dosing strategies to maintain treatment persistence without compromising efficacy in the adjuvant setting.

Ethics: Research Ethics Committee Approval (CAAE 73097723.1.0000.0087).

Keywords: abemaciclib; hormone receptor-positive; early breast cancer.