respectively. Among patients using CT with maintenance treatment, maintenance ET (54.96%) and maintenance CT (38.34%) were the most commonly used therapies. Maintenance ET had longer median PFS than maintenance CT [18.99 (95%CI, 16.79-21.78) vs. 15.54 (95%CI, 11.73-21.42) months].

Conclusions: This real-world study indicated CT with maintenance treatment was the most common first-line treatment for HR positive ABC patients. Of note, first-line maintenance ET was associated with better PFS than maintenance CT.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.527

245P Palbociclib combined with aromatase inhibitors (AIs) in women ≥75 years with oestrogen receptor positive (ER+ve), human epidermal growth factor receptor 2 negative (HER2-ve) advanced breast cancer: A real-world multicentre UK study

S. El Badri[1], B. Tahir[2], K. Balachandran[3], P. Bezecny[4], F. Britton[5], K. DeSouza[6], D. Hills[1], M. Moe[7], T. Pigott[8], A. Proctor[9], Y. Shah[10], R. Simcock[11], A. Stansfeld[12], A. Synowiec[13], M. Theodoulou[14], M. Verrill[12], A. Wadhawan[15], C. Harper-Wynne[13], C. Wilson[2]

[1]Weston Park Cancer Centre, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK; [2]Department of Oncology and Metabolism, University of Sheffield, Sheffield, UK; [3]Department of Oncology, Imperial College Healthcare NHS Trust, London, UK; [4]Department of Oncology, Blackpool Victoria Hospital, Blackpool, Lancashire, UK; [5]Department of Oncology, The Christie NHS Foundation Trust, Manchester, UK; [6]Department of Oncology and Radiotherapy, Nottingham University Hospitals NHS Trust, Nottingham, UK; [7]Department of Oncology, Southampton General Hospital, Southampton, UK; [8]Leeds Cancer Centre, St James University Hospital, Leeds Teaching Hospitals NHS Trust, Leeds, UK; [9]Department of Oncology, York Teaching Hospitals NHS Trust, York, UK; [10]Pharmacy Department, Mount Vernon Cancer Centre, London, UK; [11]Sussex Cancer Centre, University Hospitals Sussex, Brighton, UK; [12]Department of Oncology, Northern Centre for Cancer Care, Freeman Hospital, Newcastle upon Tyne, UK; [13]Department of Oncology, Kent Oncology Centre, Maidstone and Tunbridge Wells NHS Trust, Maidstone, UK; [14]Department of Oncology, Royal Preston Hospital, Lancashire Teaching Hospitals NHS Trust, Preston, UK; [15]Department of Clinical Oncology, Velindre University NHS Trust, Cardiff, UK

Background: Breast cancer accounts for 21% of all cancer diagnoses in women aged ≥75 years. The older population is under-represented in clinical trials; thus, real-world data in this patient group is critical to guide management. In this large-scale UK-wide real-world study, we evaluated the tolerability and efficacy of palbociclib combined with an AI for first-line treatment of advanced ER+ve/HER2-ve breast cancer in elderly women.

Methods: 14 cancer centres participated in this national retrospective study. Patients aged ≥75 years who received at least one cycle of palbociclib combined with an AI for first-line treatment of advanced ER+ve/HER2-ve breast cancer were eligible. Data included baseline demographics, co-morbidities, metastatic disease burden, toxicities, dose reductions and delays, response to treatment and in-patient secondary care burden. Multivariable Cox regression was used to assess independent predictors of progression-free survival (PFS).

Results: 276 patients met the eligibility criteria. The median age of patients was 78 (range 75-92) years. The PFS rates at 12 and 24 months were 75.9% and 64.9%, respectively. The best radiological response was complete response (2%), partial response (32.9%) and stable disease (54.9%) with a clinical benefit rate at 24 weeks of 87%. The most common toxicities were neutropenia, fatigue, anaemia and thrombocytopenia. 50.7% of patients required a dose reduction and 59.2% required at least one dose delay. 22 patients (9.6%) required hospital admission due to toxicity and 6 patients (2.2%) had febrile neutropenia. Multivariable analysis identified fewer dose delays, increasing ECOG performance status and age-adjusted Charlson co-morbidity index, and increasing number of metastatic sites to be independent adverse predictors of PFS.

Conclusions: This largest known dataset of Palbociclib tolerability and efficacy in women aged ≥75 years shows that this is an effective therapy that is well tolerated and appropriately managed with dose delays/reductions resulting in very low levels of clinically significant toxicity requiring hospital admission.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: A. Proctor: Financial Interests, Personal, Invited Speaker: Pfizer; Financial Interests, Personal, Invited Speaker: GSK; Financial Interests, Personal, Advisory Board: GSK. R. Simcock: Non-Financial Interests, Personal, Invited Speaker: Novartis; Non-Financial Interests, Personal, Advisory Board: Novartis; Non-Financial Interests, Personal, Advisory Board: Exact Sciences. M. Verrill: Financial Interests, Research Grant: Amgen, Genomic Health, Novartis/GSK, Pfizer, Roche; Financial Interests, Invited Speaker: AstraZeneca, Eisai, Lilly, Merck; Financial Interest, Personal, Research funding: Seagen, Roche, Novartis, Pfizer, Lilly, Exact Sciences; Financial Interest, Personal, Speaker/Advisory Board Honoraria: Pfizer, Lilly, Novartis, Roche, MSD, Seagen, Daiichi Sankyo, Exact Sciences, Gilead. C. Harper-Wynne: Financial Interests, Personal, Advisory Board: Pfizer; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: Lilly; Financial Interests, Personal, Invited Speaker: Novartis; Financial Interests, Personal, Advisory Board: Exact Sciences; Financial Interests, Personal, Invited Speaker: Myriad; Financial Interests, Personal, Invited Speaker: Veracyte. C. Wilson: Financial Interests, Institutional, Research Grant: Pfizer; Financial Interests, Personal, Invited Speaker: Pfizer; Financial Interests, Personal, Invited Speaker: Novartis; Financial Interests, Personal, Invited Speaker: Lilly; Financial Interests, Personal, Invited Speaker: Roche. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.528

246P Palbociclib dose patterns in Swedish patients with metastatic breast cancer: Evidence from the SIRI study

A. Valachis[1], H. Lindman[2], H. Fues Wahl[3], R. Lauppe[3], M. Lilja[3], D. Nyqvist[4], M. Jakobsson[5]

[1]Department of Oncology, Faculty of Medicine and Health, Örebro University, Örebro, Sweden; [2]Department of Immunology, Genetics and Pathology, Uppsala University, Uppsala, Sweden; [3]Quantify Research, Quantify Research, Stockholm, Sweden; [4]Medical Affairs, Pfizer Innovations AB, Sollentuna, Sweden; [5]Health & Value, Pfizer Innovations AB, Sollentuna, Sweden

Background: Palbociclib is a cyclin-dependent kinase (CDK) 4/6 inhibitor indicated for use in combination with aromatase inhibitors or fulvestrant for patients with hormone receptor-positive (HR+) human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer (MBC). The Swedish Ibrance Registries Insights (SIRI) study investigated real-world dose patterns using a nationwide Swedish cohort of palbociclib-treated MBC patients.

Methods: This was a retrospective study utilizing population-based Swedish Health Data Registers. The cohort included all patients ≥ 18 years with ≥ 1 filled prescription of palbociclib from January 2017 – June 2020. Minimum follow-up was 3 months. Starting dose and dose changes for the full population, for subgroups, in total and over time, was investigated.

Results: 1226 patients with palbociclib prescription were identified, 10 were men. Mean (SD) age at treatment initiation was 65 (11) years. 11% of patients had de novo MBC. Most patients were initiated on 125 mg (86.8%), with a lower share for older patients (80%), and a falling share over time (Table). 43.5% of patients had ≥1 dose reduction, with a falling share over time (47.1% in 2017; 35.2% in 2020). The share of patients starting on 125 mg reduced to 100 mg and 75 mg (final doses) was 26.6% and 19.4%, respectively, whereas 28% of patients starting on 100 mg reduced to 75 mg. Endocrine therapy backbone did not affect dose patterns. Younger patients (<50 years) starting on 125 mg were more frequently down dosed to a final dose of 100 mg (34% vs 25.7% for age 50-69 and 26.1% for age ≥70), whereas dose reduction from 125 to 75 mg increased with age (<50: 12%; 50-69: 18%; ≥70: 23.6%).

Table: 246P

	Palbociclib starting year			
	2017	2018	2019	2020
N	140	500	393	193
Starting dose, % (n)				
75 mg	0% (0)	2.6% (13)	3.6% (14)	5.2% (10)
100 mg	2.7% (4)	9.2% (46)	11.5% (45)	15.5% (30)
125 mg	97.1% (136)	88.2% (441)	85% (334)	79.3% (153)

Conclusions: Most Swedish palbociclib-treated patients were initiated on the recommended starting dose, but a trend towards a reduced starting dose was observed over time. In total, dose reductions appear to be slightly more common in clinical practice, but with a falling trend approaching clinical trial findings over time.

Legal entity responsible for the study: Pfizer Innovations AB.

Funding: Pfizer Innovations AB.

Disclosure: H. Fues Wahl: Financial Interests, Institutional, Project Lead, HFW is an employee of Quantify Research and was a paid consultant to Pfizer for this research: Quantify Research. R. Lauppe: Financial Interests, Institutional, Project Lead, RL is an employee of Quantify Research and was a paid consultant to Pfizer for this research: Quantify Research. M. Lilja: Financial Interests, Institutional, Other, ML is an employee of Quantify Research and was a paid consultant to Pfizer for this research: Quantify Research. D. Nyqvist: Financial Interests, Institutional, Stocks/Shares, DN is an employee of Pfizer: Pfizer Innovations AB. M. Jakobsson: Financial Interests, Institutional, Stocks/Shares, MJ is an employee of Pfizer: Pfizer Innovations AB. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.529