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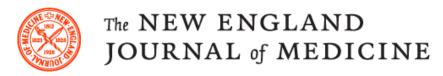
Document Types Book reviews, journal articles

Publisher

The New England Journal of Medicine is provided by the NEJM Group of the Massachusetts Medical Society.

Massachusetts Medical Society 860 Winter Street Waltham, MA 02451-1413 USA

Sample Document



Ribociclib and Endocrine Therapy in Breast Cancer

AU, AUFN, AULN PUB

ТΙ

Rocca, Andrea; Melegari Elisabetta; Palleschi Michela. The New England Journal of Medicine 381.16: 1592-1593. Massachusetts Medical Society. (Oct 17, 2019)

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AB Abstract (summary) Translate [unavailable for this document]

To the Editor: The MONALEESA-7 (Mammary Oncology Assessment of LEE011's [Ribociclib's] Efficacy and Safety-7) trial (July 25 issue)¹ showed a significant overall survival benefit with the addition of a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor, ribociclib, to endocrine therapy in patients with luminal advanced breast cancer. In the PALOMA-3 (Palbociclib: Ongoing Trials in the Management of Breast Cancer-3) trial,² however, palbociclib added to fulvestrant did not improve overall survival significantly. A higher percentage of patients in the MONALEESA-7 trial (which focused on first-line therapy) had endocrine-sensitive disease¹ or were of Asian race (approximately 30%, vs. 20% in the PALOMA-3 . . .

Full Text Translate [unavailable for this document] τх

To the Editor: The MONALEESA-7 (Mammary Oncology Assessment of LEE011's [Ribociclib's] Efficacy and Safety-7) trial (July 25 issue)¹ showed a significant overall survival benefit with the addition of a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor, ribociclib, to endocrine therapy in patients with luminal advanced breast cancer. In the PALOMA-3 (Palbociclib: Ongoing Trials in the Management of Breast Cancer-3) trial,² however, palbociclib added to fulvestrant did not improve overall survival significantly. A higher percentage of patients in the MONALEESA-7 trial (which focused on first-line therapy) had endocrine-sensitive disease¹ or were of Asian race (approximately 30%, vs. 20% in the PALOMA-3 trial),³ both of which are factors that may have contributed to the difference in outcomes.

Only 73% of the patients in the placebo group in the MONALEESA-7 trial received further lines of therapy, which is somewhat unexpected in this population of young patients, most of whom (86%) received the study treatment as first-line treatment.⁴ In comparison, 80% of the patients in the placebo group in the PALOMA-3 trial received at least one additional line of therapy, although most patients (75%) received the study treatment as a second-line or later line of treatment.² We wonder if the extent of subsequent treatments may have affected overall survival, given the documented effect of survival after disease progression on the ability to detect an overall survival benefit.5

Dr. Rocca reports having served on advisory boards for Novartis, Pfizer, and Lily. No other potential conflict of interest relevant to this letter was reported.

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Subject Cyclin-dependent kinase 4; SU Clinical trials; Breast cancer; Fulvestrant; Cyclin-dependent kinase; Survival: Endocrine therapy; Cancer therapies; Cyclin-dependent kinases ΤI Ribociclib and Endocrine Therapy in Breast Cancer Title AU Author Rocca, Andrea; Melegari Elisabetta; Palleschi Michela¹ AUFN, AULN ¹ Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST) IRCCS, Meldola, Italy Language English LA English Language of abstract DTYPE Document type Letter To The Editor PUB Publication title The New England Journal of Medicine VO Volume 381 ISS Issue 16 PG Pagination 1592-1593 Section Correspondence Publisher location PBLOC Boston DOI http://dx.doi.org/10.1056/NEJMc1911188 DOI Publication date Oct 17, 2019 PD Document URL http://dialog.proquest.com/professional/docview/2306304033? accountid=137296 Copyright Copyright © 2019 Massachusetts Medical Society. All rights reserved. FAV First available 2019-10-17 UD 2019-10-17 Updates 2019-11-15 Database New England Journal of Medicine (1985 - current)

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