The changing treatment landscape for premenopausal women with advanced breast cancer

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Though BC is less common in premenopausal women, it tends to be diagnosed at a later stage compared with BC in postmenopausal women. In addition, younger women tend to have a more aggressive phenotype of disease, poorer prognostic features, and worse survival outcomes than older women. Two main challenges in managing premenopausal women with HR+/HER2- aBC. Firstly, evidence-based treatment options in this subgroup are limited, leading many physicians to extrapolate data from postmenopausal women. Secondly, there is also a tendency for these women to be exposed prematurely to cytotoxic chemotherapy.

Basically factors that may influence the selection of endocrine therapy for the treatment of HR + HER2 − mBC in the first-line setting include the type and duration of adjuvant endocrine therapy; time elapsed from the end of adjuvant endocrine therapy; disease burden and site; menopausal status of the patient; and efficacy, safety, and quality of life with the treatment. Emerging evidence from MONALEESA-7, PALOMA-3, and MONARCH-2 supports the use of CDK 4/6 inhibitors in combination with endocrine therapy and ovarian suppression for the first- and second-line treatment of premenopausal women with HR + HER2 − mBC. MONALEESA-7 is the first large randomized phase III clinical trial to investigate a CDK4/6 inhibitor plus endocrine therapy (ET) vs ET plus placebo in pre- or perimenopausal patients with HR+/HER2- aBC. The median PFS in the ribociclib group was significantly higher than that noted in the endocrine therapy plus ovarian suppression group (23.8 vs. 13 months, respectively; hazard ratio [HR] 0.55, 95% confidence interval. The significant OS benefit and quality of life improvements demonstrated in the MONALEESA-7 trial earned ribociclib a perfect score of 5 out of 5 on ESMO-MCBS, for first-line use in premenopausal women with HR+/HER2- advanced or metastatic BC.

Additionally, a pooled analysis across the MONALEESA phase III studies showed that ribociclib reduced the risk of disease progression or death in three of the four main BC subtypes. In patients with the more common Luminal A and Luminal B subtypes, adding ribociclib to ET significantly reduced the risk of disease progression or death by 37 percent and 48 percent, respectively, across the three trials. In the HER2-enriched subtype, which comprises about 15 percent of the HR+/HER2- BC population, ribociclib-endocrine pairing demonstrated the greatest PFS benefit, slashing the risk of disease progression or death by 61 percent.