CDK4/6 inhibitors combined with endocrine therapy are the standard first-line treatment for HR+/HER2− metastatic breast cancer, significantly improving progression-free and overall survival; however, not all CDK4/6 inhibitors share the same kinase selectivity—abemaciclib, for example, inhibits CDK4, CDK6, and additional targets, which may contribute to its distinct clinical activity and continuous dosing schedule; these pharmacologic differences are particularly relevant in bone-only metastases, a unique subset of patients with indolent disease where treatment tolerability and long-term disease control are critical; in this session, we will explore how kinase spectrum impacts therapeutic decisions and discuss real-world experience in managing bone-only metastatic breast cancer with abemaciclib.