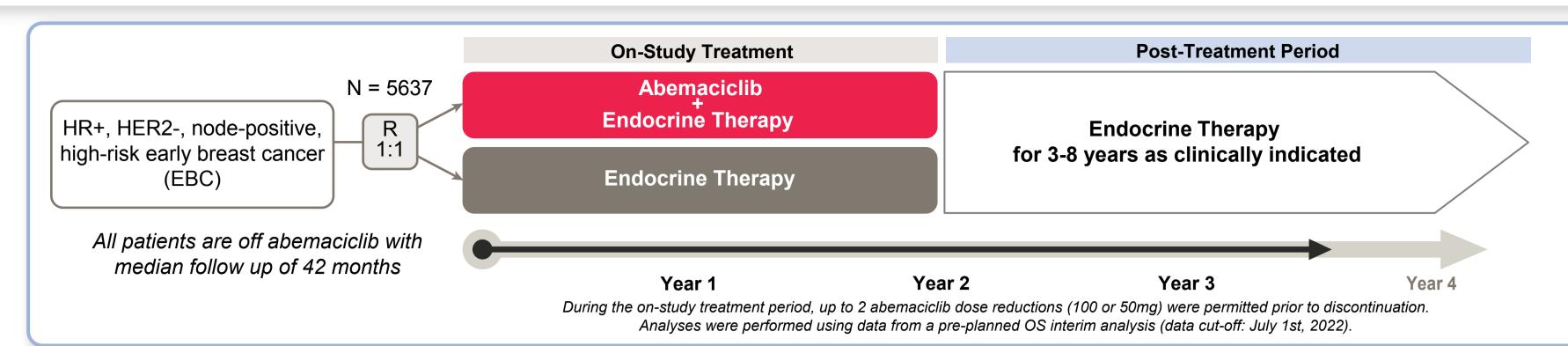
# Dose Reductions in monarchE Do Not Compromise Efficacy of Adjuvant Abemaciclib and were Commonly Used to Manage Side Effects and Retain Patients on Treatment

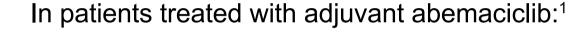




### Objective

Investigate the impact of dose reductions on the efficacy of abemaciclib in monarchE

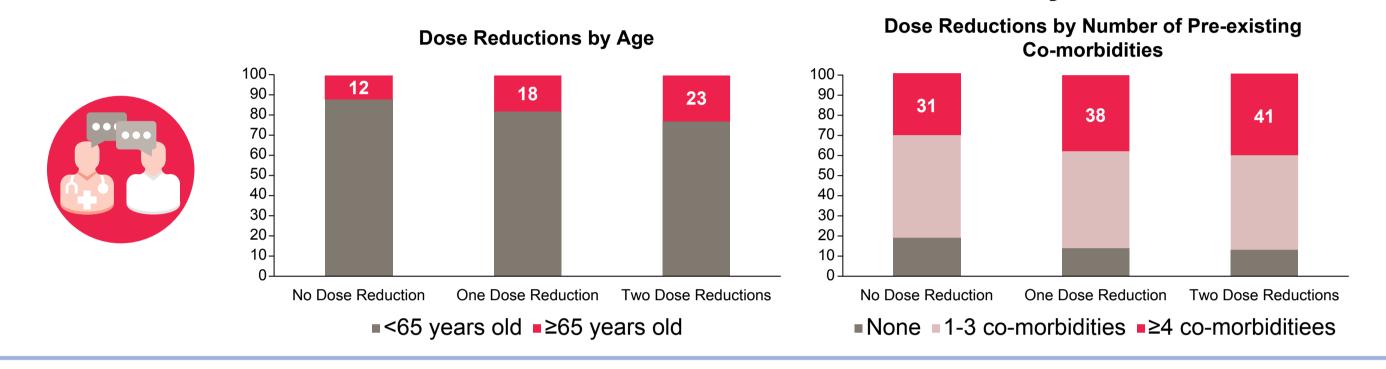
### Dose Reductions, an Effective Measure to Proactively Manage AEs in monarchE





- 43% had dose reductions due to AEs, majority occuring within the first 6 months
- ~50% who discontinued early due to an AE did not have a prior dose reduction
- Only 8.9% discontinued abemaciclib after a dose reduction

### Patients ≥65 Years Old or ≥4 Co-Morbidities Are More Likely to have Reductions



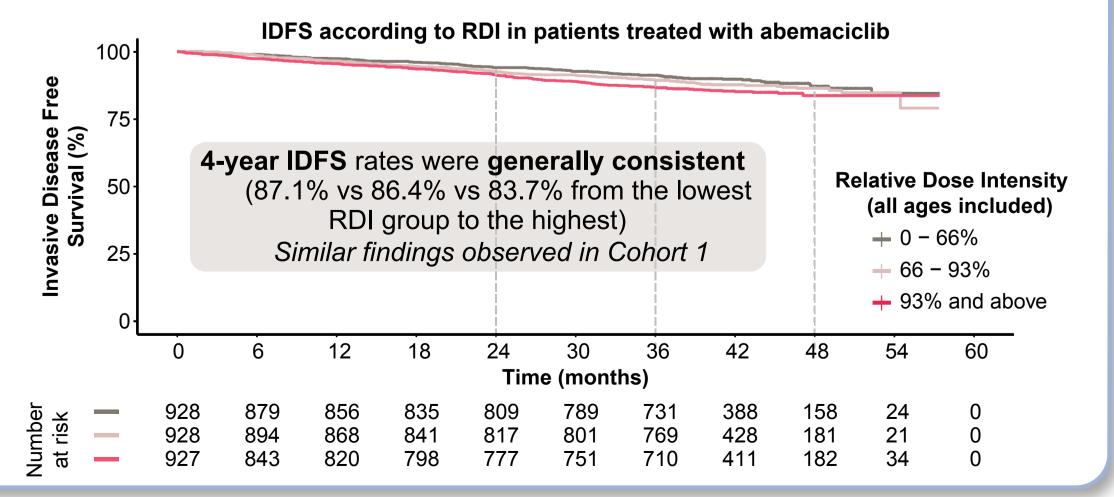


## **Abemaciclib Benefit is Maintained when Dose Modifications are Undertaken to Manage AEs**

Time-dependent Cox model in patients treated with abemaciclib

Efficacy Endpoint	HR (95% CI) Staying at full dose vs Being reduced to lower doses		
ITT			
IDFS	0.905 (0.727, 1.125)		
DRFS	0.942 (0.742, 1.195)		
Cohort 1			
IDFS	0.899 (0.718, 1.125)		
DRFS	0.958 (0.750, 1.223)		

When considering timing of dose reductions, **abemaciclib benefit was similar** when staying at the 150 mg dose vs. being reduced to 100 or 50 mg.



### Dose Reductions were Associated with Improved Patient Retention

	No Dose Reduction N = 1570	<b>1 Dose Reduction</b> <i>N</i> = 832	2 Dose Reductions N = 389
Treatment Duration, months			
Median (Q1 – Q3)	23.7 (14.9 – 23.8)	23.7 (20.6 – 23.8)	23.7 (13.2 – 23.8)
> 3 months, %	86	95	94
> 6 months, %	81	90	86
Cumulative dose, mg Median (Q1 – Q3)	192450 (112900 – 210900)	137475 (98825 – 151950)	77200 (50100 – 96500)
Relative Dose Intensity (RDI)	, %		
Median (Q1 – Q3)	94.6 (83.4 – 99.0)	66.5 (59.5 – 74.4)	40.2 (34.5 – 50.7)

Patients with dose reductions had a lower cumulative dose and RDI but were more likely to remain on abemaciclib treatment.

These data support the use of dose reductions as needed with adjuvant abemaciclib, with the goal of maximizing adherence to maintain benefit for high-risk HR+ HER2- EBC patients