**INTRODUCTION**

Combination chemotherapy (combo CT) is the recommended first-line treatment for patients with aggressive, hormone receptor-positive, human epidermal growth factor receptor 2 negative (HR+/HER2-); locally advanced breast cancer (ABC), including visceral crisis.

- **Visceral crisis**: defined as life-threatening pericardial, pleural, or ascites accumulation, as well as signs and symptoms, laboratory studies, and rapid progression of the disease. In patients with ABC, it often requires a treatment with rapid efficacy.
- **ABC**: aggressive disease characteristics, n (%)
  - Lung: 37/57 (64.9%)
  - Liver: 27/49 (55.1%)
  - Bone: 30/54 (55.6%)
- **Visceral crisis**: those with visceral crisis (n=166) were randomized 1:1 to receive RIB + ET or investigator’s choice of combo CT (n=83).

**METHODS**

- **Baseline characteristics and disease history**
  - An assessment of the investigation, 106 patients presented with visceral crisis and 110 patients presented without visceral crisis.
- **Figure 2A**
  - Median TTF was similar in both arms, with a 22% relative reduction in risk of treatment failure with RIB + ET vs combo CT (hazard ratio, 0.61; 95% CI, 0.34-0.97; P=.03).

**RESULTS**

- **Table 2A**: In patients with visceral crisis, TTF was longer with RIB + ET than with combo CT, with a 22% relative reduction in risk of treatment failure (P=.0026).
- **Figure 3A**: In patients with visceral crisis, the median TTF was similar in both arms, with a 22% relative reduction in risk of treatment failure with RIB + ET vs combo CT (hazard ratio, 0.61; 95% CI, 0.34-0.97; P=.03).

**DISCUSSION**

- **Figure 3B**: In patients without visceral crisis, the median TTF was similar in both arms, with a 22% relative reduction in risk of treatment failure with RIB + ET vs combo CT (hazard ratio, 0.61; 95% CI, 0.34-0.97; P=.03).

**KEY FINDINGS & CONCLUSIONS**

- **This subgroup analysis of patients with clinically aggressive HR+/HER2- ABC from the Right Choice trial shows a similar PFS with RIB + ET vs combo CT (hazard ratio, 0.57; 95% CI, 0.37-0.85) in patients with investigator-assessed visceral crisis.
  - **In patients with visceral crisis, a similar TTR was observed in both arms, with a relative reduction in risk of treatment failure with RIB + ET vs combo CT (Table 2A).**
  - **In both subgroups, patients receiving RIB + ET experienced lower rates of systemic AE compared to those receiving combo CT.
  - **This exploratory analysis supports that RIB + ET could be considered as a valid first-line treatment option in the hormone-sensitive, premenopausal population with clinically aggressive HR+/HER2- ABC, including those with visceral crisis.**

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**REFERENCES**