

Non-pharmacological Interventions For Managing Abemaciclib-associated Adverse Events in Patients With Early/advanced HR+, HER2- Breast Cancer – A US-based Healthcare Provider Survey



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OBJECTIVE

To describe utilized non-pharmacological interventions (NPI) and their effectiveness, as perceived by healthcare providers (HCPs) to manage the common patient-felt abemaciclib-associated adverse events (AEs) in patients with early or advanced hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) breast cancer (BC)

CONCLUSIONS

- NPI are commonly utilized by HCPs, particularly APPs and pharmacists, for management of abemaciclib-associated diarrhea, nausea, fatigue, and abdominal pain
- HCPs recommend NPI that they perceive as effective
- These data describe common approaches that nurses and other HCPs can use in addition to pharmacological interventions to manage AEs and help support patients' adherence to abemaciclib treatment

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BACKGROUND

- Abemaciclib is an oral, selective cyclin-dependent kinase 4 and 6 inhibitor, approved in the US for the treatment of patients with early or advanced HR+, HER2- BC<sup>1</sup>
- Diarrhea, nausea, fatigue, and abdominal pain are the most common patient-felt abemaciclib-associated AEs, and AEs are a common reason for early treatment discontinuation in clinical studies<sup>2-5</sup>
- In addition to pharmacological interventions such as dose modification or co-medication, NPI aid in managing abemaciclib-associated AEs and promoting treatment adherence<sup>1,6,7</sup>
- Alongside physicians and pharmacists, advanced practice providers (APPs) including nurse practitioners and clinical nurse practitioners play a vital role in managing these AEs by educating patients, helping to set patients' expectations, and implementing NPI<sup>8</sup>

STUDY DESIGN

**Study Design**  
Cross-sectional

**Respondents and Regions**  
HCPs across US regions

**Survey Period**  
July–October 2023

**Screening and Recruitment**

- Through a third-party agency
- Eligibility assessed with screening questions

**Key Eligibility Criteria**

- HCPs (APPs/oncologists/pharmacists) with ≥12 months of experience caring for patients with BC in community setting and in treating/supporting patients taking abemaciclib for HR+ HER2- BC
  - APPs and Pharmacists: advised/supported ≥3 patients on abemaciclib each month
  - Oncologists: prescribed abemaciclib to ≥4 patients each month

**Data Collection**

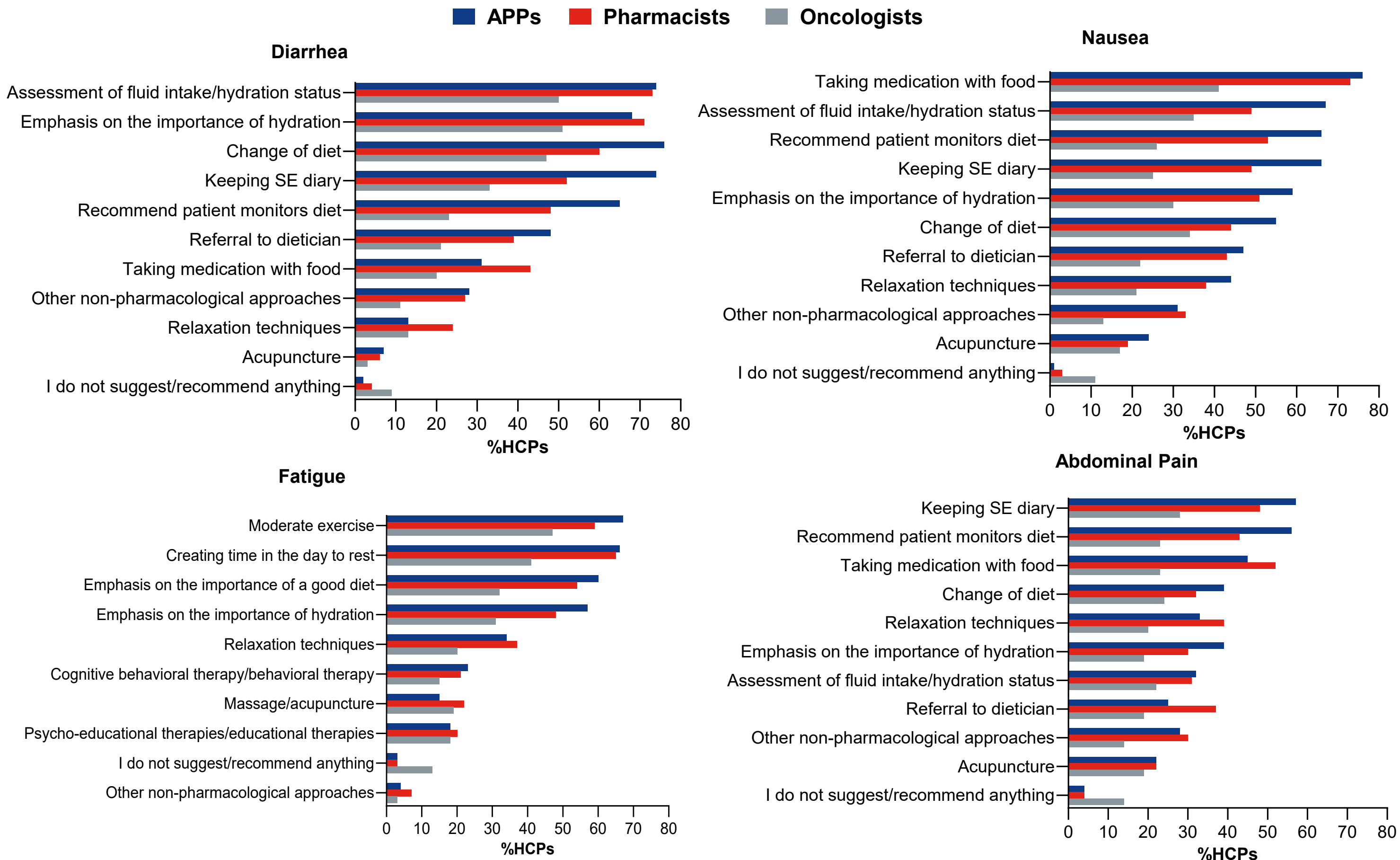
- One-time online survey — structured questionnaire with closed-ended questions<sup>a</sup>
- Select and rank recommendations for NPI based on perceived effectiveness

**Sample Size<sup>b</sup> and Statistical Analysis**

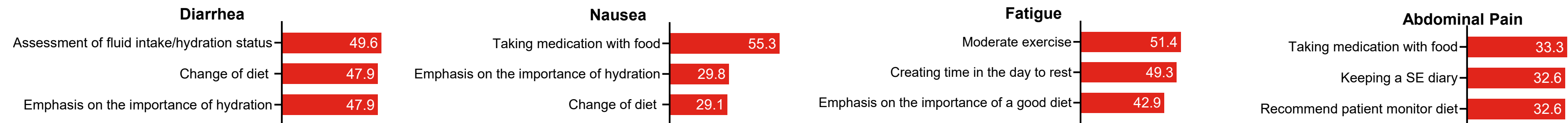
- No formal sample size calculations. The target sample was set to n=300
- Data were analyzed descriptively using IBM Survey Reporter (v7.5)

<sup>a</sup>The content of the online structured questionnaire was guided by the responses of the exploratory phase. In the exploratory phase, the survey questions were designed based on literature and insights from exploratory qualitative work, which included interviews with 9 HCPs (3 from each type of HCPs) via 1:1 telephonic interviews. Clinical experts then reviewed and pilot-tested the questionnaire.  
<sup>b</sup>The original sample was n=300, with 100 for each HCP type (APPs, oncologists, and pharmacists). APPs, advanced practice providers; BC, breast cancer; HCPs, healthcare providers; HER2-, human epidermal growth factor 2 receptor-negative; HR+, hormone receptor-positive; IBM, International Business Machines; NPI, non-pharmacological intervention; US, United States.

NPI recommended to manage abemaciclib-associated AEs



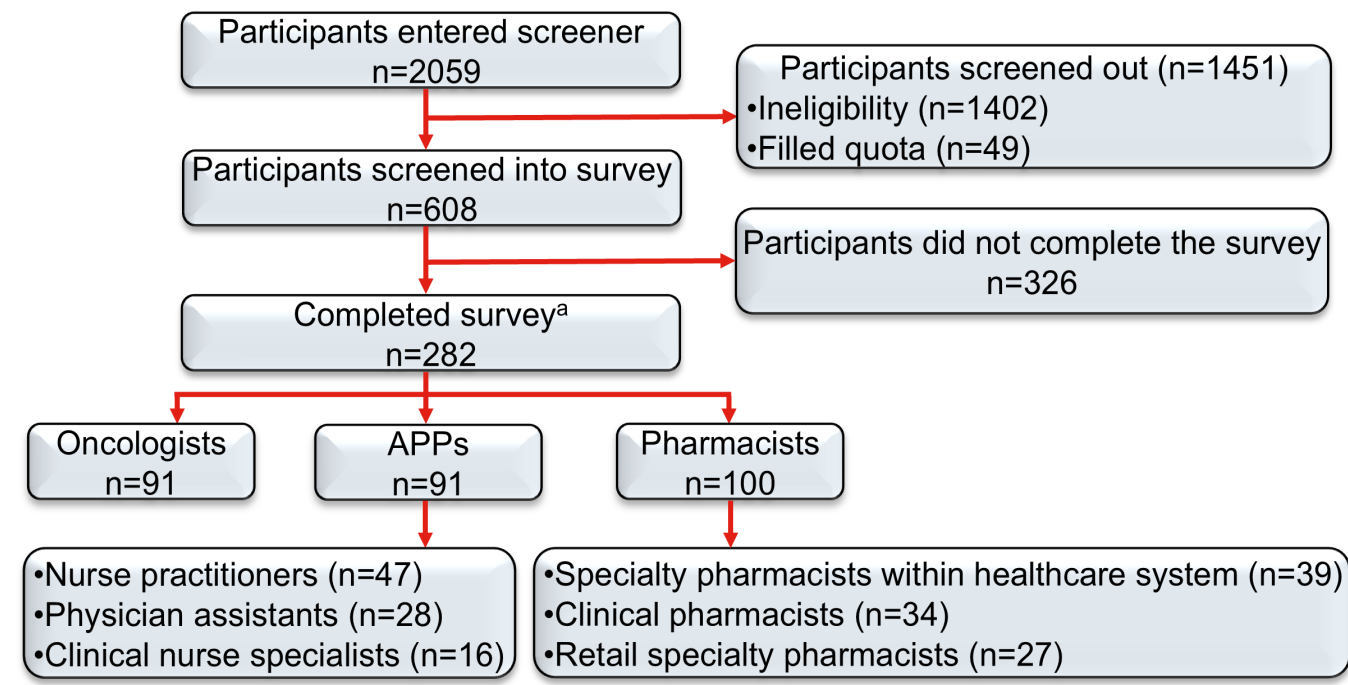
HCP-Reported Top 3 Effective NPI



Change of diet, e.g., BRAT diet. Relaxation techniques include yoga, meditation, etc. Keeping an SE diary: to help track the frequency & severity of SE for use at follow-ups. Recommend patient monitor diet to assess the cause of SEs. Moderate exercises include walking, riding a bike, swimming, etc..

RESULTS

Participants Attrition



<sup>a</sup>Participants answered all the questions.

Demographic Characteristics

- Majority HCPs (84.8%; 239/282) had >5 years of experience treating patients with BC:
  - 71.4% of APPs, 95.6% of oncologists, and 87.0% of pharmacists
- HCPs were mostly from the Southeast region (35.5% [100/282])
- 50.4% (142/282) practice in suburban settings

Characteristics	APPs (n=91)	Oncologists (n=91)	Pharmacists (n=100)	Total (N=282)
Female <sup>a</sup> , n (%)	76 (83.5)	26 (28.6)	47 (47.0)	149 (52.8)
>5 years of experience treating BC, n (%)	65 (71.4)	87 (95.6)	87 (87.0)	239 (84.8)
Community practice region, n (%)				
Northeast	21 (23.1)	15 (16.5)	20 (20.0)	56 (19.9)
Midwest	15 (16.5)	17 (18.7)	19 (19.0)	51 (18.1)
West	9 (9.9)	19 (20.9)	20 (20.0)	48 (17.0)
Southwest	10 (11.0)	7 (7.7)	10 (10.0)	27 (9.6)
Southeast	36 (39.6)	33 (36.3)	31 (31.0)	100 (35.5)
Community practice location, n (%)				
Urban	34 (37.4)	45 (49.5)	35 (35.0)	114 (40.4)
Suburban	46 (50.5)	42 (46.2)	54 (54.0)	142 (50.4)
Rural	11 (12.1)	4 (4.4)	11 (11.0)	26 (9.2)
Community practice setting, n (%)				
Independent	39 (42.9)	66 (72.5)	33 (33.0)	138 (48.9)
Part of network	52 (57.1)	25 (27.5)	67 (67.0)	144 (51.1)

<sup>a</sup>9 HCPs (2 APPs and 7 oncologists) preferred not to declare their gender. APPs, advanced practice providers; BC, breast cancer; HCP, healthcare provider.

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- Over 90% of HCPs recommended NPI for managing diarrhea, nausea, fatigue, and abdominal pain, the common patient-felt abemaciclib-associated AEs
- Most recommended NPI were:
  - Diarrhea: assessment of fluid intake/hydration status (65.6%; 185/282)
  - Nausea: taking medication with food (63.5%; 179/282)
  - Fatigue: moderate exercise like walking, biking, swimming (57.8%; 163/282)
  - Abdominal pain: keeping a side effects (SE) diary to help track frequency and severity of SE for use at follow-ups (44.3%; 125/282)
- APPs and pharmacists were more likely to recommend NPI than oncologists

HCP-Reported Most Effective NPI

- HCPs perceived commonly recommended NPI as most effective for managing abemaciclib-associated AEs. A greater proportion of APPs and pharmacists considered NPI effective than oncologists
  - Diarrhea: assessment of fluid intake/hydration status (49.6% overall; 50.5% APPs, 57.0% pharmacists, 40.7% oncologists)
  - Nausea: taking medication with food (55.3% overall; 65.9% APPs, 64.0% pharmacists, 35.2% oncologists).
  - Fatigue: moderate exercise (51.4% overall; 56.0% APPs, 53.0% pharmacists, 45.1% oncologists)
  - Abdominal pain: taking medication with food (33.3% overall; 36.3% APPs, 43.0% pharmacists, 19.8% oncologists)

STRENGTHS & LIMITATIONS

Strengths

- The study involved a large sample of HCPs from community settings, including representatives from oncologists, pharmacists and importantly APPs, who play a pivotal role in managing AEs for patients

Limitations

- The sample of HCPs may not represent the entire US population as it was based on a third-party panel and may not be generalizable
- Survey design was based on HCP perceptions and reported opinions and therefore a certain degree of subjectivity may have influenced the results

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