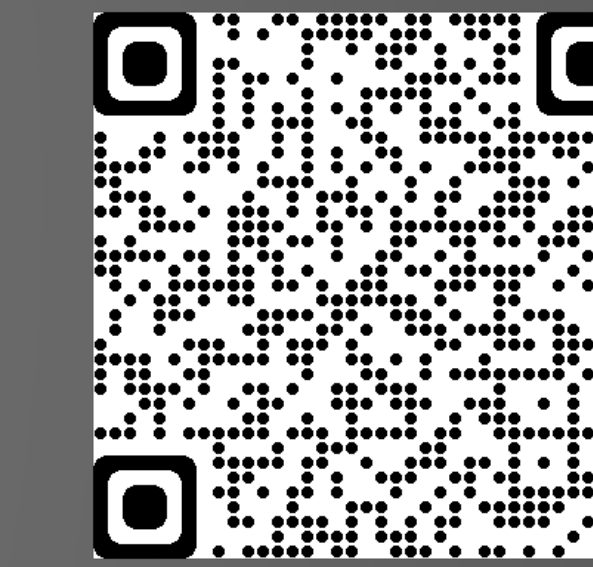


RETROSPECTIVE ANALYSIS OF ADVERSE EVENTS AND MEDICATIONS OUTCOMES IN PATIENTS INITIATING ENCORAFENIB AND BINIMETINIB COMBINATION THERAPY



Brooke D. Looney, PharmD¹ | Stephanie G. White, PharmD¹ | Josh DeClercq, MS² | Leena Choi, PhD² | Autumn D. Zuckerman, PharmD, BCPS, AAHIVP, CSP¹ | Nisha B. Shah, PharmD¹ |
Vanderbilt Specialty Pharmacy, Vanderbilt University Medical Center ²Department of Biostatistics, Vanderbilt University Medical Center
** Funded by a grant from Pfizer, Inc

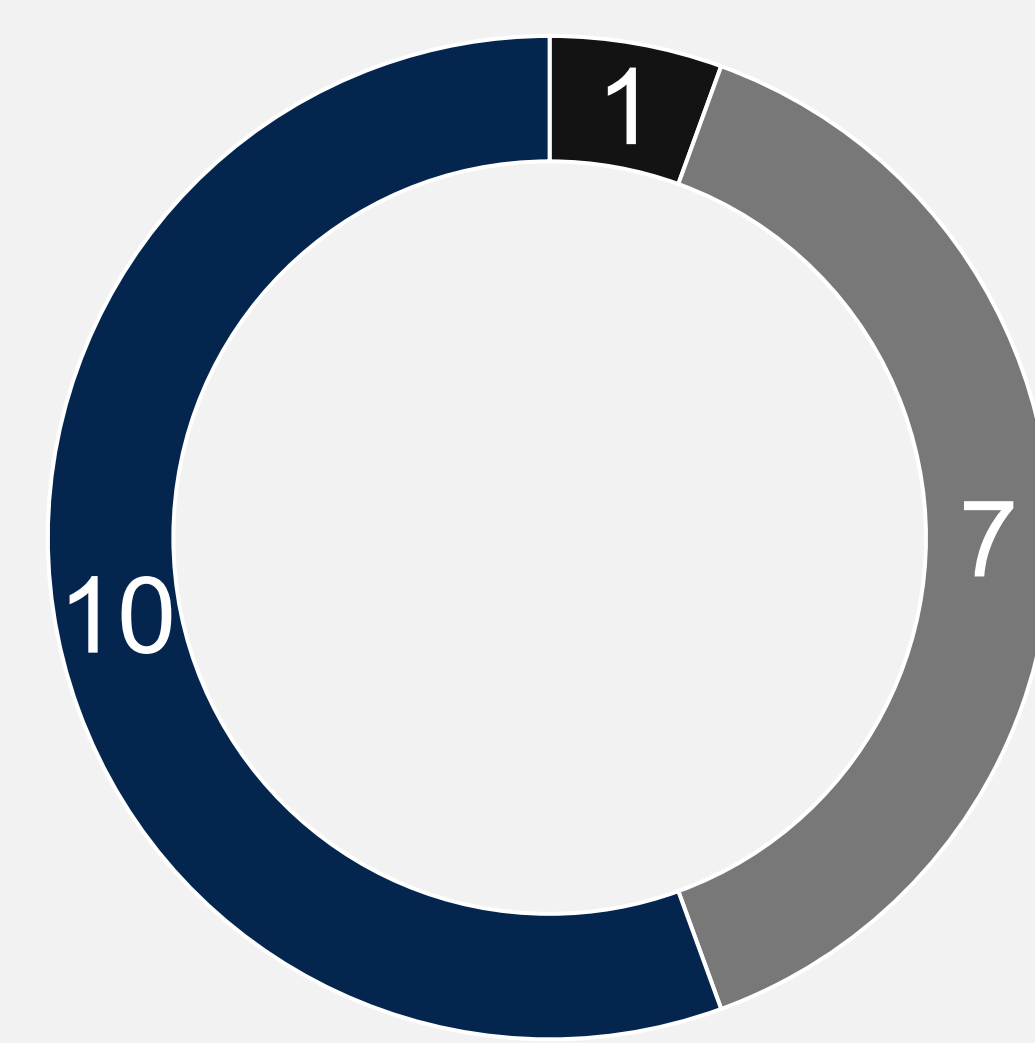
CONCLUSIONS

- Encorafenib (enco) and binimetinib (bini) treatment modifications due to adverse effects (AEs) are common in the first 90 days.
- Medication adherence is high despite AEs.

COHORT CHARACTERISTICS N=18

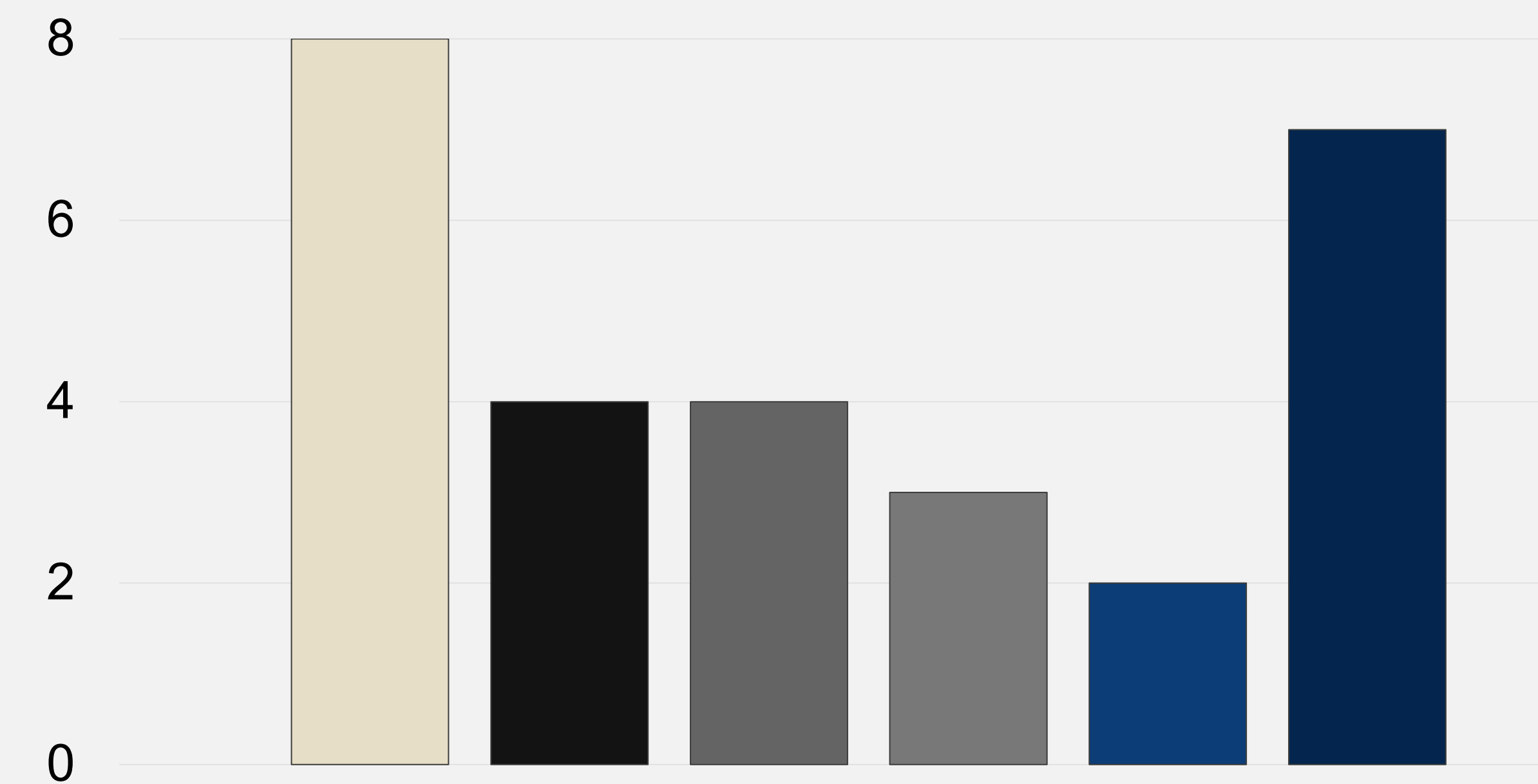
- Single-center retrospective cohort analysis of patients with metastatic or unresectable melanoma
- 50% Female, 100% White
- 17 BRAF V600 K mutation, 1 BRAF V600 E mutation
- 72% baseline ECOG= 1

Cancer Stage



■ Stage 2 ■ Stage 3 ■ stage 4

Sites of Metastasis



■ Lymph nodes ■ Liver ■ Brain ■ Lung ■ Bone ■ Other*
* adrenal gland, upper extremity, lower extremity, soft tissue, perianal, small intestine, spleen

FIGURE 1: ADHERENCE N=18

High rate of adherence

Median PDC 89%
(IQR 77-100)
Adjusted PDC 96%
(IQR 78-100)

* PDC= proportion of days covered

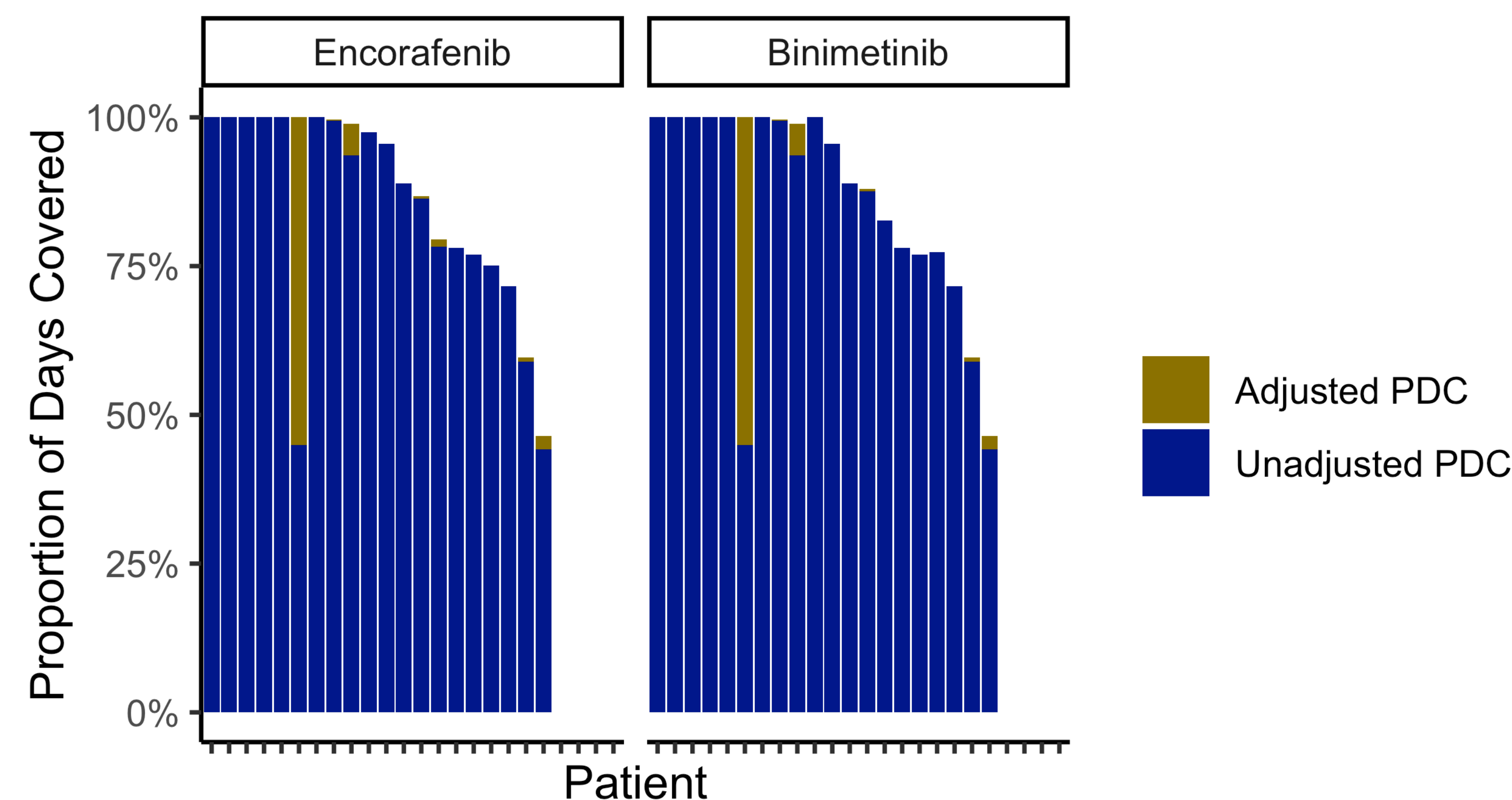
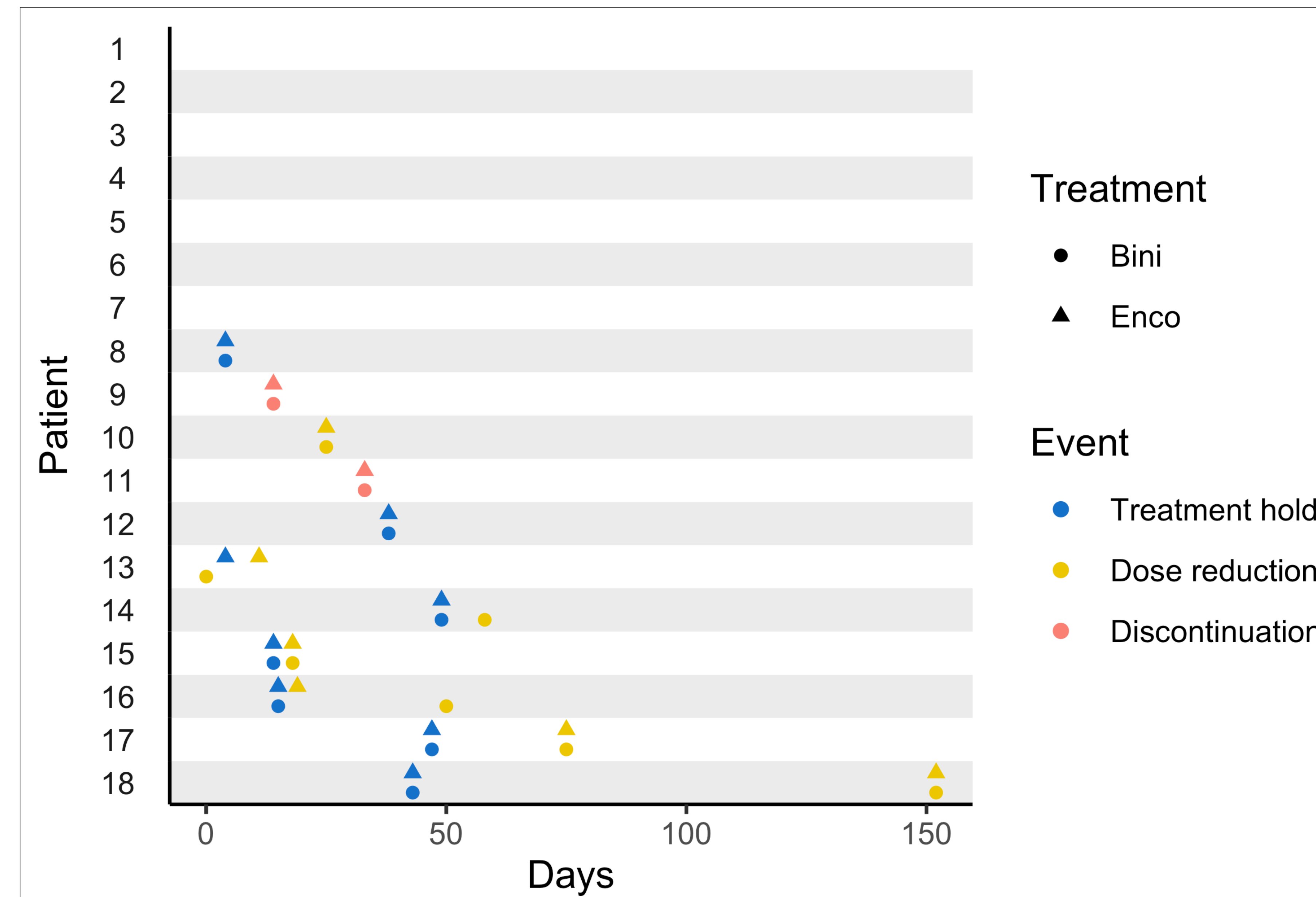


FIGURE 2: PATIENT TREATMENT JOURNEY N=18

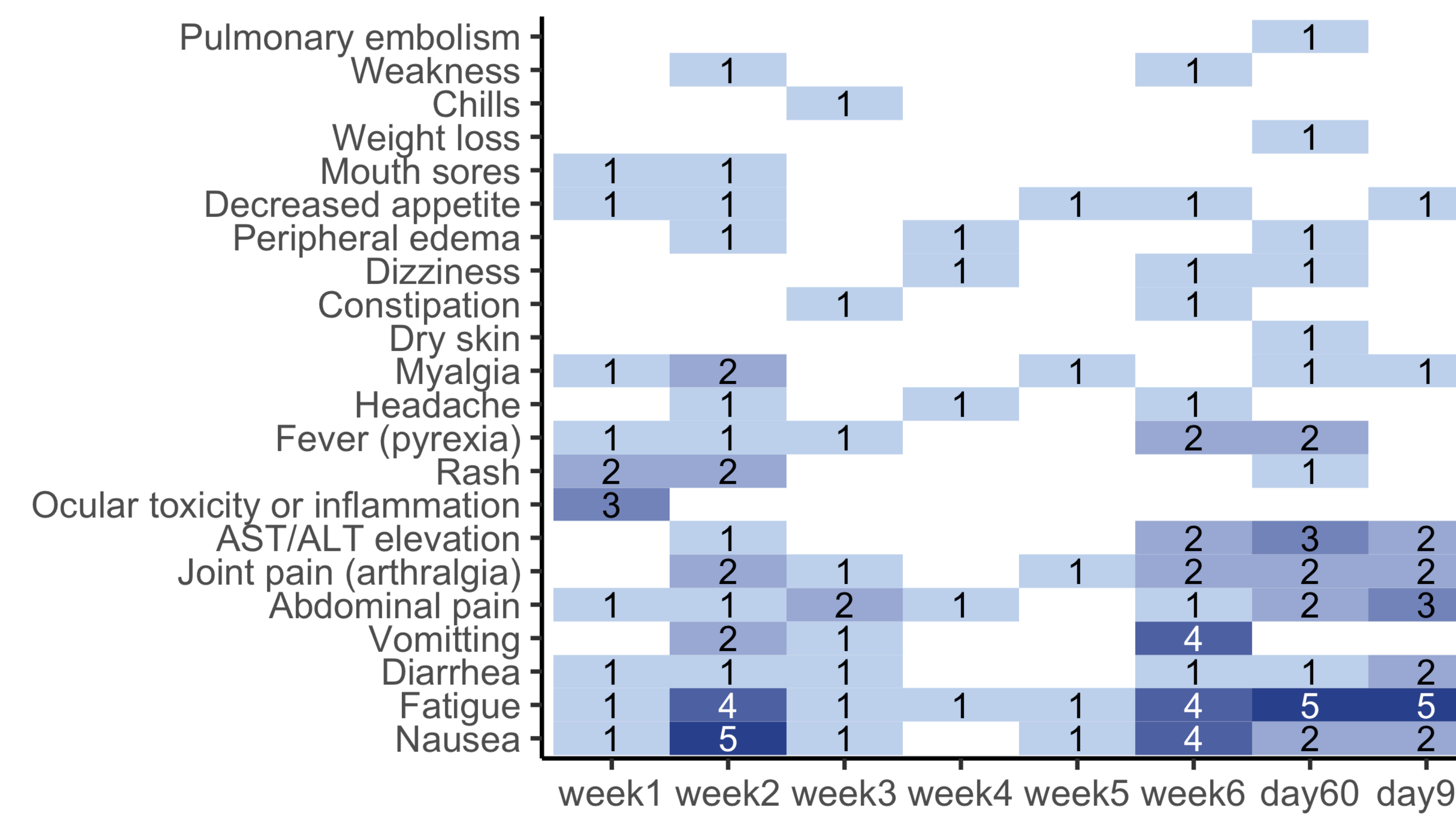


44% required 1+ treatment holds
Median hold time:
Enco: 26 days (IQR 12-44)
Bini: 38 days (IQR 14-45)

39% required 1+ dose reduction
Median time to dose reduction:
Enco: 22 days (IQR 18-62)
Bini: 50 days (IQR 22-66)

11% discontinued
Due to disease progression (n=1)
and clinical decline (n=1)

FIGURE 3: ADVERSE EVENTS REPORTED N=126 AES



Most common side effects

- Fatigue (n=10, 56%)
- Nausea (n=8, 44%)
- Vomiting (n=5, 28%)
- Abdominal pain (n=4, 22%)
- Joint pain (n=4, 22%)
- Liver enzyme elevation (n=4, 22%)

FUTURE RESEARCH NEEDED

How can integrated health-system pharmacists prevent and address AEs so that patients can stay on encorafenib and binimetinib at optimal doses with fewer holds?