Closing the Adherence Gap: A Real-World Pilot of Supportive Interventions in Abemaciclib Therapy

Bisni Narayanan, PharmD, MBA, MS; Annette Hood, PharmD, BCACP; Carolyn Kelsey, RPhT; Mahsa Talbott, PharmD, BCOP; Jack Taylor, MBA; Michele Riccardi, PharmD, BCPS; Johnetta Blakely, MD; Stephen Ziter, MBA; Osama Abdelghany PharmD, MHA, BCOP

Background

- Abemaciclib is commonly associated with gastrointestinal adverse events (AEs) which may impact treatment adherence and lead to early treatment discontinuation.
- Clinical trial data demonstrates a discontinuation rate of 16.6%[1] while real-world (RW) data demonstrates discontinuation rates as high as 54.4%.[2]
- This pilot aimed to assess discontinuation rates and medication possession ratio (MPR) in an academic (Yale New Haven Health) and a community practice site (Tennessee Oncology) after intervention with an additional toxicity check point, structured patient education and use of a treatment support kit.

Objective

- To evaluate the impact of an enhanced pharmacist led support program on treatment discontinuation rates and medication adherence among patients receiving abemaciclib.

Methods

Patients with breast cancer initiating abemaciclib at an academic and community oncology practice were enrolled, with dispensing through respective medically integrated specialty pharmacies (MISP).

Pharmacists provided education utilizing an Oral Chemotherapy Education (OCE) sheet and Positive Quality Intervention (PQI)[3] reference provided by NCODA, with emphasis on diarrhea management.

An additional 14-day toxicity check was added to standard follow up calls conducted on day 5, monthly refill, and at 6 months for a clinical reassessment.

Primary outcome included treatment discontinuation rate and secondary outcome included evaluating MPR.

Results

Table 1: Patient Demographics and Baseline Characteristics (N=85)

Mean age, years	61
Female	99%
Postmenopausal	72%
Stage IV disease	45%
Predominant tumor subtype (ER+/PR+/HER2-)	73%

Table 2: Abemaciclib Combination Therapy

Combination	Percentage
Anastrozole	39%
Letrozole	27%
Other endocrine therapies	34%

Figure 1: Discontinuation rates[1,2]

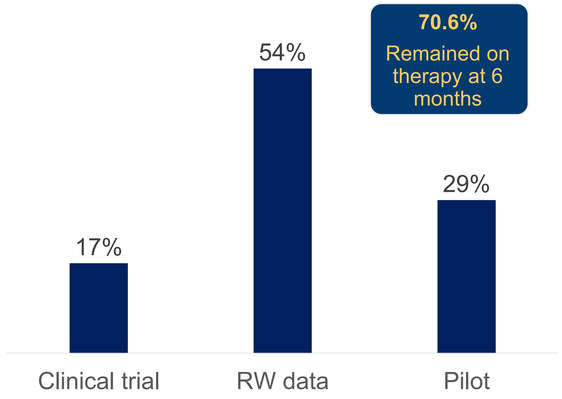


Figure 2: Adherence MPR[2,4]

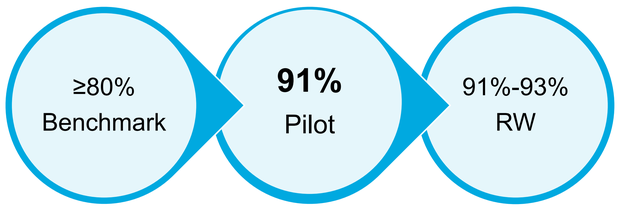


Figure 3: Discontinuation reasons

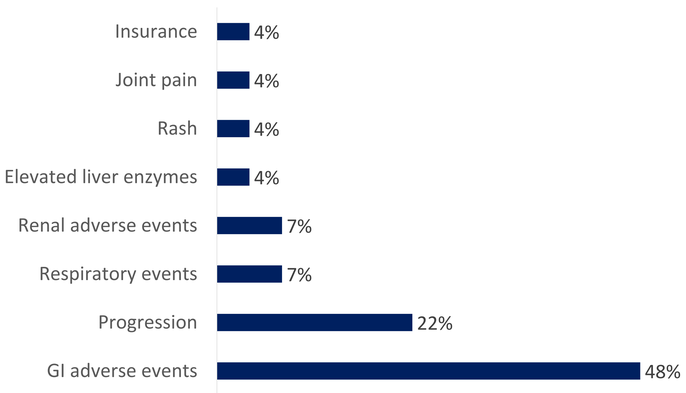
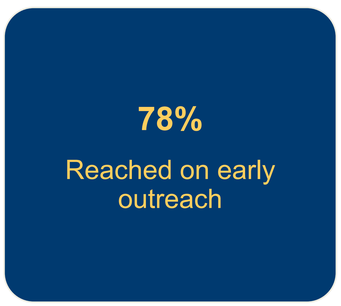


Figure 4: Early outreach success days 5 and 14



Discussion

- Discontinuation rates observed in this pilot falls in between the monarchE trial of 16.6% and real-world estimates of 54.4% suggesting structured pharmacist led interventions may help narrow the gap between clinical trial and real- world data.
- The MPR of 91% exceeded the industry benchmark of ≥ 80% and aligned with prior real-world reports (91-93%).[2,4]
- Higher treatment discontinuation at the academic center compared with the community practice was observed (30.9% vs. 26.6%), despite higher adherence as measured by MPR (93.8% vs. 84.0%).
- Differences in patient populations and site-specific workflows may have contributed to the observed variation in treatment discontinuation and adherence outcomes.
- Higher outreach success at 5- and 14-day suggests the additional toxicity checkpoint was operationally feasible across both settings.

Limitations

- Follow-up was limited to 6 months; longer term adherence and discontinuation rates were not captured.
- Differences in staffing models, patient comorbidities, and disease acuity between the two sites were not controlled for, potentially affecting the pilot outcome.

Conclusion

Although the effect of additional pharmacist led interventions on treatment discontinuation and MPR is unclear, these results highlight the important role of medically integrated specialty pharmacies in promoting adherence and time on therapy across settings.

References

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The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

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