

Regimen Monograph

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A - Regimen Name

ANASRIBO Regimen

Anastrozole - Ribociclib

Disease Site Breast

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses For the treatment of estrogen-receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer:

- As first-line therapy for unresectable locally advanced or metastatic disease, OR
- As second-line therapy after progression on a chemotherapy for unresectable locally advanced or metastatic disease

(Refer to EAP funding criteria details.)

Supplementary Public Funding [anastrozole](#)
ODB - General Benefit (anastrozole) ([ODB Formulary](#))

[ribociclib](#)
Exceptional Access Program (ribociclib - For the treatment of patients with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER 2)-negative, unresectable locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant according to clinical criteria) ([EAP Website](#))

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B - Drug Regimen

anastrozole	1 mg	PO	Daily
ribociclib	600 mg	PO	Days 1 to 21

Note: Pre- or perimenopausal women should also be treated with luteinizing hormone-releasing hormone (LHRH) agonists according to local clinical practice.

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C - Cycle Frequency

Anastrozole: Continuous

Ribociclib: Every 28 days (3 weeks on, 1 week off)

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Also refer to [CCO Antiemetic Recommendations](#).

Other Supportive Care:

- Assess patient's risk factors for osteoporosis and consider calcium and vitamin D supplements and bisphosphonates where appropriate. Refer patients to the [Bone Health During Cancer Treatment](#) pamphlet for more information.

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K - References

Hortobagyi, G. N. et al. Ribociclib as first-line therapy for HR-positive, advanced breast cancer. *New Engl. J. Med.* 375, 1738–1748 (2016).

Hortobagyi GN, Stemmer SM, Burris HA, et al. Updated results from MONALEESA-2, a phase III trial of first-line ribociclib plus letrozole versus placebo plus letrozole in hormone receptor-positive, HER2-negative advanced breast cancer. *Ann Oncol* 2018;29:1541-1547.

Tripathy D, Im S, Colleoni M, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial.

April 2021 Updated rationale and uses section

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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