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Despite strong evidence supporting use of 12 weekly ZA, local practice was slow to change. During COVID-19 it became necessary to minimise exposure of patients to hospital. This resulted in a rapid shift in practice; leading to reduced treatment burden, less hypocalcaemia, liberation of nursing time and cost saving in the COVID-19 period and beyond.

No conflict of interest.

Poster

Patterns of treatment and outcomes in real world elderly patients with metastatic oestrogen receptor positive (ER+) breast cancer receiving the CDK4/6 inhibitor Palbociclib and endocrine therapy

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1. Advancement in the treatment of metastatic oestrogen receptor positive (ER+) breast cancer has led to the introduction of CDK4/6 inhibitors such as Palbociclib (PAL), which are associated with reversal of endocrine resistance and delayed necessity for chemotherapy. Clinical trials to date have demonstrated improved survival outcomes for patients on these agents. We evaluated outcomes with PAL plus endocrine therapy in a real-world setting and compared their efficacy in the elderly patients aged ≥65 years.

2. Retrospective review of a prospectively maintained multicentre institutional database of patients with ER+, human epidermal growth factor

Table 1 Pooled mean prevalence of depression in advanced breast cancer patients and subgroup analysis results

| Random-effects model | k | \( p < 0.0001 \) |
|----------------------|---|----------------|
| PMPA                 | 16 | 0.86% |

Sub-group analysis: PMPA by the years that the studies were conducted

| Period one | N = 205 | Period two | N = 183 |
|------------|---------|------------|---------|
|ZA          | 88%     | 84%        |
|Denosumab   | 13%     | 16%        |
|4-weekly    | 24%     | 6%         |
|6-weekly    | 13%     | 10%        |
|8-weekly    | 17%     | 18%        |
|12-weekly   | 45%     | 66%        |
|Other frequency | 2% | 0%         |
|Concurrent chemotherapy | 30% | 34%        |

Conclusions: Despite strong evidence supporting use of 12 weekly ZA, local practice was slow to change. During COVID-19 it became necessary to minimise exposure of patients to hospital. This resulted in a rapid shift in practice; leading to reduced treatment burden, less hypocalcaemia, liberation of nursing time and cost saving in the COVID-19 period and beyond.

No conflict of interest.