In treating a broad range of women with HR+/HER2- mBC:[1]

IBRANCE® palbociclib | 125 mg capsules

CONFIDENCE BUILT ON STRENGTH

Clinical efficacy proven	A wealth of data from 2 large pivotal Phase III RCTs across lines and all patient types studied, including visceral and bone only[1-9]
Real-world experience	>6 years' real-world experience*[10,11] complementing strong clinical data
Established safety profile	Data from up to 6 years across RCTs[1-3,5-7,9,12,13]
One scheduled monitoring provision	One scheduled monitoring provision (CBC) in the current SmPC†[1]
One pill, once daily	Convenient dosing with one pill once daily for 21 consecutive days followed by 7 days off treatment (schedule 3 weeks on/1 week off – complete cycle of 28 days), regardless of dose strength†[1]

Indications:
IBRANCE is indicated for the treatment of HR+/HER2- locally advanced or mBC:[1]
- In combination with an **AI**
- In combination with **fulvestrant in women who have received prior ET**
- In **pre- or peri-menopausal women**, the ET should be combined with an LHRH agonist

References: 1. IBRANCE Summary of Product Characteristics. **2.** Rugo H, et al. Breast Cancer Res Treat. 2019;174(3):719-729. **3.** Finn RS, et al. N Engl J Med. 2016;375(20):1925-1936. **4.** IBRANCE EPAR Public assessment report. 25 Nov 2016. Available at: http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/003853/ WC500217198.pdf. Accessed June 2021. **5.** Cristofanilli M, et al. Lancet Oncol. 2016;17(4):425-439. **6.** Rugo H, et al. Eur J Cancer. 2018;101:123-133. **7.** Loibl S, et al. Oncologist. 2017;22(9):1028-1038. **8.** Turner NC, et al. N Engl J Med. 2018;379(20):1926-1936. **9.** Turner NC, et al. Ann Oncol. 2018;29(3):669-680. **10.** FDA Approved drugs. IBRANCE. https://www.fda.gov/drugs/resources-information-approved-drugs/palbociclib-ibrance. Accessed June 2021. **11.** McCain J. P T. 2015;40(8):511-520. **12.** Finn R, et al. Oncologist. 23 Jan 2021. Epub ahead of print. **13.** Verma S, et al. Oncologist. 2016;21:1165-1175.

*IBRANCE FDA approval granted in February 2015. † Complete blood count should be monitored prior to the start of IBRANCE therapy and at the beginning of each cycle, as well as on Day 15 of the first 2 cycles, and as clinically indicated. For patients who experience a maximum of Grade 1 or 2 neutropenia in the first 6 cycles, CBC for subsequent cycles should be monitored every 3 months, prior to the beginning of a cycle and as clinically indicated. Patients should be monitored for signs and symptoms of infection and ILD/pneumonitis and treated as medically appropriate. Permanently discontinue IBRANCE in patients with severe interstitial lung disease (ILD)/pneumonitis. There are no mandatory liver tests. ‡As part of combination therapy with an AI or fulvestrant. Dosing for these combination partners should follow the dosing indications in the respective SmPCs.

AI = aromatase inhibitor; **CBC** = complete blood count; **ET** = endocrine therapy; **HR+/HER2-** = hormone receptor-positive, human epidermal growth factor receptor 2-negative; **HRQoL** = health-related quality of life; **ILD** = interstitial lung disease; **LHRH** = luteinising hormone-releasing hormone; **mBC** = metastatic breast cancer; **QoL** = quality of life; **RCT** = randomised controlled trial; **SmPC** = Summary of Product Characteristics.

Before prescribing, please refer to local recommendations applicable in your country and SmPC available at this virtual booth or on the EMA website

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.
Ce médicament fait l'objet d'une surveillance supplémentaire qui permettra l'identification rapide de nouvelles informations relatives à la sécurité. Les professionnels de la santé déclarent tout effet indésirable suspecté.

English SmPC available here

French SmPC available here

Pfizer Oncology