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Jaafar H, Elzain R, Alqawasmeh K, Trad D, Jaloudi M.: **Everolimus with endocrine therapy as a treatment option in ER + MBC failing at least one line of endocrine therapy: a single institute experience.** PAJO 7(2):24-27, June 2014

75% of MBC are hormone receptor positive; on ET the responders eventually will acquire resistance. One of the suggestive mechanisms for this resistance is the activation of the motor pathway. In the bolero-2 study, the addition of everolimus to exemestane was associated with a significant improvement in pfs.

Purpose and methods: to evaluate the response rate in heavily pretreated population and the safety of the drug in different genetic/ethnic backgrounds. We performed a retrospective analysis of all ER+, MBC who received everolimus during a period of 6 months. A few cases were reported based on their interesting findings.

Results: 19 patients, median age was 58, 26% were pre-menopause. The combination was used after failure of at least one line of et (1-4), 17 patients had it with exemestane and 2 with tamoxifen. The median duration of the treatment was 20 weeks. 8 had it for ≤ 4 weeks. The reasons were poor patient selection (ps ≥3), poor tolerance or progressive disease. Response assessment, 10 had PR, 2 SD, 1 PD, in 6 patients no evaluation was possible for premature stoppage of the therapy. Toxicities: mucositis 78%. Less frequently hyperglycemia, weight loss, infection and non-infectious pneumonitis. Dose interruptions and adjustments were frequently reported >70%.

Conclusions: Everolimus combination was associated with a high RR, it may be less toxic than chemotherapy, but patients who are poor candidates for chemotherapy may not be a good candidates for this combination as well, educating patients and physicians experience reduce the treatment toxicity and improve the tolerability).