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Physician Views: Evaluating the Launch of Pfizer's Ibrance for Breast Cancer

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Abstracts

Approved by the FDA in February on the strength of impressive Phase II data from the PALOMA-1 study, Pfizer's CDK4/6 inhibitor Ibrance is poised to transform the way that HER2-negative/HR-positive breast cancer is treated, suggest key opinion leaders.

Supporting this view, prescription data indicate strong uptake of Ibrance since launch, discussion of which is likely to form a key component of Pfizer's second quarter earnings report later this month.

Initially approved for use in the first-line setting, Ibrance has also demonstrated progression free survival (PFS) benefit in second-line patients, which prompted Pfizer to confirm an early stop to thePALOMA-3 study in April. While confirmatory from the Phase III PALOMA-2 is necessary to support the FDA's accelerated approval procedure for Ibrance, Pfizer's product looks strongly positioned to gain notable market entrenchment ahead of competitor CDK4/6 inhibitors being developed by Eli Lilly and Novartis.

With Ibrance having now been available for some months in the US market, and with the product poised to be one of the largest new drug approvals of 2015, FirstWord is polling oncologists with the following questions…

> In your experience with Ibrance (palbociclib) to date, how would you characterise efficacy?
>
> In your experience with Ibrance (palbociclib) to date, how would you characterise safety/tolerability?

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Over the next 12 months, how do you expect your usage of Ibrance to change?

In 12 months' time, in what percentage of HER2-negative/HR-positive breast cancer patients would you expect to be using Ibrance as a first-line therapy?

In 12 months' time, in what percentage of HER2-negative/HR-positive breast cancer patients would you expect to be using Ibrance as a second-line therapy?

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