Ibrance® (palbociclib), Kisqali® (ribociclib), and Verzenio® (abemaciclib) – New Warning

- On September 13, 2019, the FDA announced that the *Warnings and Precautions* sections of the Ibrance (palbociclib), Kisqali (ribociclib), and Verzenio (abemaciclib) drug labels were updated with information regarding interstitial lung disease (ILD) and pneumonitis.

- Severe, life-threatening, or fatal ILD and/or pneumonitis can occur in patients treated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitors, including Ibrance, Kisqali and Verzenio when taken in combination with endocrine therapy.

    — Similar updates were made to the Patient Package Insert for the entire class of these CDK 4/6 inhibitor medicines.

- The overall benefit of CDK 4/6 inhibitors is still greater than the risks when used as prescribed.

- CDK 4/6 inhibitors are a class of prescription medicines that are used in combination with hormone therapies to treat adults with hormone receptor (HR)-positive, human epidermal growth factor 2 (HER2)-negative advanced or metastatic breast cancer that has spread to other parts of the body.

    — CDK 4/6 inhibitors block certain molecules involved in promoting the growth of cancer cells. CDK 4/6 inhibitors have been shown to improve progression-free survival.

- FDA recommendations for patients:

    — Notify a health care professional right away if they have any new or worsening symptoms involving their lungs, as they may indicate a rare but life-threatening condition that can lead to death.
    — Symptoms to watch for include difficulty or discomfort with breathing and shortness of breath while at rest or with low activity.
    — Do not stop taking these medicines without first talking to your health care professional.

- FDA recommendations for healthcare providers:

    — Monitor patients regularly for pulmonary signs or symptoms indicative of interstitial lung disease (ILD)/pneumonitis. Symptoms may include hypoxia, cough, dyspnea, or interstitial infiltrates on radiologic exams in patients in whom infectious, neoplastic, or other causes have been excluded.
    — In patients who have new or worsening respiratory symptoms or are suspected to have developed pneumonitis, CDK 4/6 inhibitor treatment should be interrupted immediately and patients should be evaluated.
    — CDK 4/6 inhibitors should be permanently discontinued in all patients with severe ILD or pneumonitis.
    — Patients should be advised to immediately report new or worsening respiratory symptoms.
    — Patients should be encouraged to read the Patient Package Insert they receive with CDK 4/6 inhibitor prescriptions, which explain the safety risks and provides other important information.

- The FDA safety communication is based on a review of cases of ILD and pneumonitis with CDK 4/6 inhibitors that were identified in the manufacturers' completed and ongoing clinical trials and their post-market safety databases.

    — Although rare, there were serious cases and/or deaths with Ibrance, Kisqali, and Verzenio.

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- Across clinical trials of the three CDK 4/6 inhibitors, 1 to 3% of patients had ILD/pneumonitis of any grade and less than 1% had fatal outcomes. Among patients who developed ILD/pneumonitis, including fatal cases, there were patients who had no risk factors for lung disease, but some patients had at least one risk factor.