

# Study on the Effect of Mirogabalin on Chemotherapy-Induced Peripheral Neuropathy

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#### **Introduction**

Table 1. Background

- Cancer drug therapy has contributed to improving survival rates and prolonging life through the development of new anticancer drugs and molecular target drugs, the development of combination treatments with existing anticancer drugs, and the development of immunotherapy.
- However, various adverse events associated with it have also been recognized.
- Among these, peripheral neuropathy, including pain, hypoesthesia, and paresthesia in the extremities (chemotherapy-induced peripheral neuropathy (CIPN)), is an adverse event that significantly interferes with daily life, and is also harmful from both a physical and mental perspective.
- As a result, CIPN reduces patient's quality of life. However, the challenge is that there is still no established supportive treatment for CIPN.
- Currently, in Japan, mirogabalin is approved for use in treating peripheral neuropathic pain. We investigated the effects of mirogabalin in our department.

### **Methods**

- A retrospective study was conducted in our department from October 2022 to November 2023 on 19 breast cancer patients who underwent drug therapy for cancer, noticed peripheral neuropathy as an associated adverse event, and received mirogabalin.
- Adverse events of mirogabalin were evaluated using the Common terminology criteria for adverse events version 5.0 (CTCAE ver.5).

### <u>Results</u>

- ✓ Median age was 49 years (range 28-74 years).
- The regimens used were dose dense AC, dose dense paclitaxel, pembrolizumab + paclitaxel + carboplatin, TC, pertuzumab + trastuzumab + docetaxel therapy, and T-DM1.
- Five cases showed improvement from Grade 2 to Grade 1 or Grade 0 at the initial induction dose of 10 mg/day.
- ✓ When the dose was increased to 20mg/day, there were 4 patients who showed improvement to Grade 1 or Grade 0.
- ✓ Grade 2 was maintained at the dose of 10 mg/day, and 6 cases were tolerated.
- ✓ Grade 2 was maintained at the dose of 20 mg/day, and 2 cases were accepted.
- There were no cases in which the dose was increased to 30 mg.
- Drowsiness as an adverse event was not observed in any case.
- One patient was changed to an opioid preparation at her request, and the other patient was discontinued at her request.

| No.        | Age | Female | Subtype | Regimen              | Number of<br>CIPN<br>expression<br>regimens | Grade | Grade change after administration | Added prescription drugs | Prio |
|------------|-----|--------|---------|----------------------|---|-------|-----------------------------------|--------------------------|------|
| Patient 1  | 74  | Male   | TN      | ddPTX                | 2   | 2     | 2                                 | Oxycodone                |      |
| Patient 2  | 69  | Female | L-A     | ddAC                 | 4   | 2     | 2                                 | No increase              | 1    |
| Patient 3  | 49  | Female | TN      | PEMBRO+PTX+<br>CBDCA | 2   | 2     | 2                                 | No increase              |      |
| Patient 4  | 45  | Female | L-HER2  | PER+HER+DTX          | 2   | 2     | 2                                 | No increase              | 1    |
| Patient 5  | 69  | Female | TN      | ddPTX                | 2   | 2     | 2                                 | Canceled at request      |      |
| Patient 6  | 43  | Female | L-HER2  | PER+HER+DTX          | 1   | 2     | 2                                 | No increase              | 1    |
| Patient 7  | 42  | Female | L-B     | ddPTX                | 4   | 2     | 1                                 | No increase              | 1    |
| Patient 8  | 39  | Female | L-B     | ddPTX                | 1   | 2     | 1                                 | No increase              | 1    |
| Patient 9  | 50  | Female | L-A     | ddAC                 | 4   | 2     | 2                                 | 10mg→20mg                |      |
| Patient 10 | 63  | Female | TN      | PEMBRO+PTX+<br>CBDCA | 4   | 2     | 2                                 | No increase              |      |
| Patient 11 | 49  | Female | TN      | PEMBRO+PTX+<br>CBDCA | 2   | 2     | 2                                 | No increase              |      |
| Patient 12 | 48  | Female | L-A     | ddPTX                | 2   | 2     | 1                                 | No increase              | 1    |
| Patient 13 | 67  | Female | L-A     | ddPTX                | 3   | 2     | 1                                 | 10mg→20mg                | 1    |
| Patient 14 | 35  | Female | L-A     | ddPTX                | 1   | 2     | 0                                 | No increase              |      |
| Patient 15 | 54  | Female | L-B     | ddAC                 | 4   | 2     | 0                                 | 10mg→20mg                | 1    |
| Patient 16 | 64  | Female | TN      | ddPTX                | 1   | 2     | 0                                 | 10mg→20mg                | 1    |
| Patient 17 | 59  | Female | L-B     | ddPTX                | 2   | 2     | 2                                 | 10mg→20mg                | 1    |
| Patient 18 | 28  | Female | L-B     | ddPTX                | 2   | 2     | 0                                 | 10mg→20mg                | 1    |
| Patient 19 | 44  | Female | L-B     | TC                   | 5   | 2     | 1                                 | No increase              | 1    |

L-A; Luminal A like, L-B; Luminal B like, L-HER2; Luminal HER2, TN; Triple Negative, dd; dose dense, PTX; Paclitaxel, PEMBRO; Pembrolizumab, HER: Trastuzumab, CBDCA; Carboplatin,







### **Conclusion**

- CIPN causes abnormal sensations that interfere with daily life, and in severe cases, the patient may not be able to walk or put on or take off clothes.
- ✓ in addition, symptoms rerly improve immediately after stopping the drug
- Many patients take months or years to recover, and it is not uncommon for patients to never recover.
  - ✓ Domestic and international guidelines indicate gabapentin and pregabalin as the first-choice drugs for neuropathic pain, but compared to pregabalin, mirogabalin takes longer to dissociate from the α2 subunit, making it more analgesic.
- It has been suggested that it can be effective.
- ✓ This time, including cases in which the dose was increased, 50% of cases showed improvement in symptoms.
- ✓ Furthermore, no grade worsening was observed, and no decline in quality of life was observed due to continued chemotherapy.
- The results suggest that mirogabalin has rapid effects, improves QOL, and can help facilitate the smooth progress of cancer drug therapy.

## **References**

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