

KISQALI - Mechanism of action - HCP

[Prescribing information](#)

Image



Image



KISQALI® (ribociclib) mechanism of action

Indications:¹

- KISQALI is indicated for the treatment of women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine-based therapy, or in women who have received prior endocrine therapy

- In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist

KISQALI is not recommended to be used in combination with tamoxifen.

To learn more about the safety profile of KISQALI, visit our portal page [here](#).

For full safety profile information, please refer to the KISQALI [Summary of Product Characteristics](#).

Image



KISQALI selectively inhibits cyclin-dependent kinases 4 and 6 (CDK4/6) in eligible patients with HR+/HER2- aBC, thus potentially inhibiting tumour growth¹

Information on this page is based on pre-clinical research. They should not be extrapolated to clinical response.

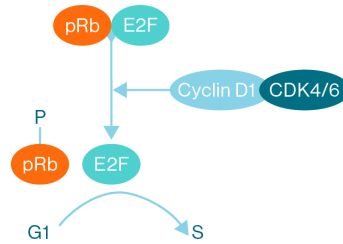
The role of CDK4/6 in HR+/HER2- aBC

Image

CDK4 and CDK6 control of the cell division cycle

CDK4/6s are cell cycle checkpoint regulators that play a crucial role in the signalling pathways which lead to cellular proliferation.^{1,2} Once bound to D-cyclins, CDK4/6s are activated. The cyclin D-CDK4/6 complex can then regulate cell cycle progression (from phase G1 to S) via phosphorylation of the retinoblastoma protein (pRb).²

Regulation of the G1/S phase transition by cyclin D1 and CDK4/6:³



Adapted from Peurala E, et al. 2013.³

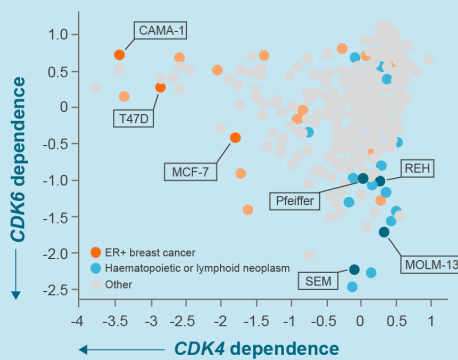
Patients with HR+/HER2- aBC have dysregulated levels of CDK4/6, leading to increased ER pathway activation, promoting cancer cell growth.^{2,4}

Image

ER+ breast cancer cell dependency on CDK4/6

ER+ breast cancer cells are CDK4-dependent and show overexpression when compared to CDK6.⁴

Identification of cancer cell lines in which either CDK4 or CDK6 is dominant



Adapted from Kim S, et al. 2018 (and supplementary data).⁴

Image

References:

1. KISQALI® (ribociclib) Summary of Product Characteristics.
2. Pavlovic D, et al. *Ther Adv Med Oncol* 2023;15:17588359231205848.
3. Peurala E, et al. *Breast Cancer Res* 2013;15:R5
4. Kim S, et al. *Oncotarget* 2018;9(81):35226–35240 and supplementary data.

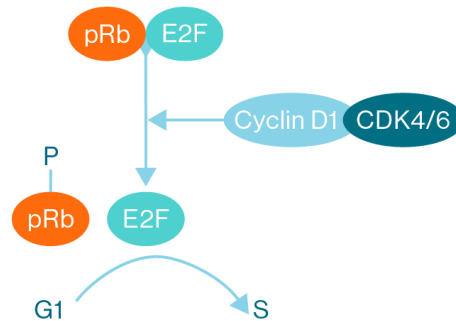
Previous Next

CDK4 and CDK6 control of the cell division cycle

CDK4/6s are cell cycle checkpoint regulators that play a crucial role in the signalling pathways which lead to cellular proliferation.^{1,2}

Once bound to D-cyclins, CDK4/6s are activated. The cyclin D-CDK4/6 complex can then regulate cell cycle progression (from phase G1 to S) via phosphorylation of the retinoblastoma protein (pRb).²

Regulation of the G1/S phase transition by cyclin D1 and CDK4/6:³



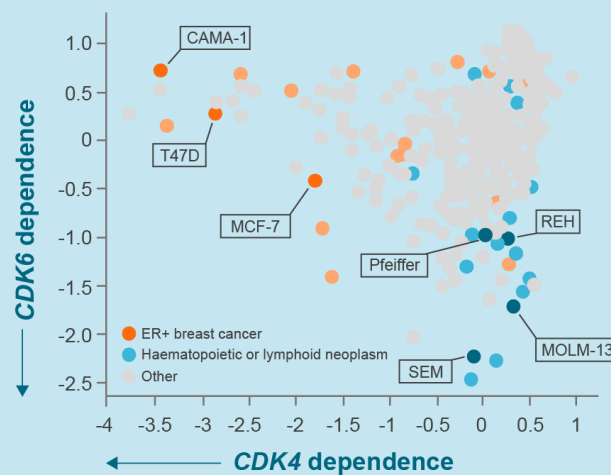
Adapted from Peurala E, et al. 2013.³

Patients with HR+/HER2- aBC have dysregulated levels of CDK4/6, leading to increased ER pathway activation, promoting cancer cell growth.^{2,4}

ER+ breast cancer cell dependency on CDK4/6

ER+ breast cancer cells are CDK4-dependent and show overexpression when compared to CDK6.⁴

Identification of cancer cell lines in which either CDK4 or CDK6 is dominant



Adapted from Kim S, et al. 2018 (and supplementary data).⁴

References:

1. KISQALI® (ribociclib) Summary of Product Characteristics.
2. Pavlovic D, et al. *Ther Adv Med Oncol* 2023;15:17588359231205848.
3. Peurala E, et al. *Breast Cancer Res* 2013;15:R5
4. Kim S, et al. *Oncotarget* 2018;9(81):35226–35240 and supplementary data.

Please use the arrows to navigate through the slideshow.

Mechanism of action of KISQALI

KISQALI is a selective inhibitor of CDK4 and CDK6^{1,2}

KISQALI works by binding to the cyclin-CDK4/6 complex to inhibit the function of CDK4 and arrest the cell cycle, reducing the proliferation of cancer cells.^{1,2}

Image



Adapted from Sammons SL, et al. 2017.³

In biochemical assays, KISQALI results in 50% inhibition (IC_{50}) values of 0.01 (4.3 ng/ml) and 0.039 μ M (16.9 ng/ml) for CDK4 and CDK6, respectively.¹

aBC, advanced breast cancer; CDK4, cyclin-dependent kinase 4; CDK6, cyclin-dependent kinase 6; E2F, E2 transcription factor; ER, oestrogen receptor; HER2–, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; IC_{50} , half-maximal inhibitory concentration; pRb, retinoblastoma protein.

References

1. KISQALI® (ribociclib) Summary of Product Characteristics.
2. Kim S, et al. *Oncotarget* 2018;9(81):35226–35240 and supplementary data.

3. Sammons SL, et al. *Curr Cancer Drug Targets* 2017;17(7):637-649.

UK | March 2025 | 442145

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report, or alternatively email medinfo.uk@novartis.com or call 01276 698370.

Source URL: <https://www.pro.novartis.com/uk-en/medicines/oncology/kisqali/moa>