

Kisqali - eBC patient eligibility - HCP

[Prescribing information](#)

Image



Image



Patient eligibility for KISQALI® (ribociclib) in early breast cancer (eBC)

Indications:¹

- KISQALI in combination with an aromatase inhibitor (AI), is indicated for the adjuvant treatment of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative early breast cancer at high risk of recurrence (see section 5.1 of the SmPC for selection criteria)

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

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

Please refer to the [Summary of Product Characteristics \(SmPC\)](#) for the full safety profile.

Now you can offer KISQALI + AI to a broad range of your eligible HR+/HER2– eBC patients*^{1,2}

Image

Patients with HR+/HER2– eBC: * ^{1,2}		
High-risk node negative N0, T2		Grade 3, or grade 2 with high genomic risk [†]
N0, T3–4		ALL ELIGIBLE PATIENTS
Node positive N1		ALL ELIGIBLE PATIENTS (excluding microscopic nodal involvement)
N2–3		ALL ELIGIBLE PATIENTS

Explore the efficacy outcomes of KISQALI in eBC

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Learn about the safety profile of KISQALI in eBC

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*KISQALI in combination with an AI is indicated for the adjuvant treatment of patients with hormone receptor HR+/HER2– eBC at high risk of recurrence. This includes patients with lymph node-positive cancer (excluding microscopic nodal involvement), or if no nodal involvement either tumour size >5 cm, or tumour size 2–5 cm with either grade 2 and high genomic risk or Ki67 ≥20%, or grade 3. AI should be combined with an LHRH agonist.¹

[†]High genomic risk includes Ki67 ≥20% or high risk by gene signature testing.^{1,2}

AI, aromatase inhibitor; eBC, early breast cancer; HER2–, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; LHRH, luteinising hormone-releasing hormone; N0, no nodal involvement; N1, 1–3 axillary lymph nodes; N2, 4–9 axillary lymph nodes; N3, ≥ 10 axillary lymph nodes or collarbone lymph nodes; NSAI, non-steroidal aromatase inhibitor; T, tumour; T2, tumour is more than 2 cm but less than 5 cm; T3, tumour is more than 5 cm; T4, tumour of any size growing into the chest wall or skin, includes inflammatory breast cancer.

References

1. KISQALI (ribociclib) Summary of Product Characteristics.
2. Slamon DJ, et al. *Ther Adv Med Oncol* 2023;15:1-16.

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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.

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