

Adjuvant abemaciclib + endocrine therapy

The usual abemaciclib starting dose is 150 mg twice daily; a lower dose or altered schedule may be prescribed. Abemaciclib is taken twice daily continuously for up to two years with endocrine therapy, unless recurrence or unacceptable toxicity requires an earlier change. A four-week dispensing block is not a rest cycle. Endocrine treatment normally continues beyond abemaciclib.

BASELINE → TREATMENT → FOLLOW-UP

Treatment and monitoring over time

Columns show sequence and general intervals, not equal periods or booked appointments. The team confirms who arranges each test, who reviews results and who authorises treatment or restart.

Check	Before first dose	First two months	Next two months	Later treatment	Two-year completion / change
Abemaciclib and endocrine partner	Confirm high-risk eligibility and treatment timing	Twice daily continuously; no rest week	Continue if tolerated	Up to two years; endocrine treatment continues	Review endocrine plan separately
FBC / renal / liver / bone profile	Baseline blood tests	Every two weeks	Monthly	As clinically indicated	Follow unresolved abnormalities
ECG / heart rhythm	As clinically indicated	Repeat if clinically indicated	No routine Day-14 ECG schedule	Symptoms/risk guide testing	Follow any identified problem
Diarrhoea / hydration	Rescue medicine and contact plan ready	Start action plan at first loose stool	Continue symptom and intake review	Contact team between visits for persistent symptoms	Follow recovery; do not self-restart held doses
Clots / lungs / infection	Review prior VTE and breathing symptoms	Prompt assessment of warning symptoms	Continue symptom review	Report new leg swelling, chest or breathing symptoms	Symptoms still need assessment after stopping
Bone / endocrine / follow-up	Assess fracture risk; confirm AI/ OFS or other partner	Support hormone-related symptoms	Continue endocrine and bone plan	Early-breast surveillance and risk-based bone review	Endocrine treatment and surveillance continue

THE WHOLE TREATMENT JOURNEY

Adjuvant abemaciclib + endocrine therapy: treatment and checks

HR-positive / HER2-negative early breast cancer · adjuvant

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Read from left to right. Columns show stages, not equal lengths of time. This is a general plan: no dates or personal information are needed. Your team confirms which steps apply and arranges appointments.

Treatment, tests and reviews across the course

Care / check	Before first dose	First two months	Next two months	Later treatment	Two-year completion / change
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What each check is for

1 Before the first dose

Before first dose

Sources: [NCCP 00619](#) · [SMPC](#)

2 Early toxicity checks

First two months

Sources: [NCCP 00619](#) · [SMPC](#)

3 Benefit, tolerability and adherence

Later treatment

Sources: [NCCP 00619](#) · [SMPC](#)

4 Completion or treatment change

Two-year completion / change

Sources: [NCCP 00619](#)

At the next review, ask

- Which treatment phase am I in, and what happens next?
- Which test is expected next, who arranges it, and who explains the result?
- Who should I contact if an expected appointment has not arrived?

This map does not show whether a test has been ordered, booked or completed. Do not wait for a scheduled test if you develop new symptoms.