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Summary

WHEN TARGETED THERAPY MEETS THE LIVER: SEVERE HEPATOTOXICITY INDUCED BY RIBOCICLIB–LETROZOLE

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UEG Week Barcelona 2026 | Poster

Hepatobiliary

October 18, 2026

A 41-year-old woman with metastatic HR+/HER2 breast cancer developed severe hepatocellular injury after three months of ribociclib–letrozole therapy, which resolved completely within two months of drug discontinuation and did not recur with subsequent palbociclib-based treatment.

KEY POINTS

- The patient had normal baseline liver tests and developed marked fatigue and jaundice three months after starting ribociclib 600 mg daily (3 weeks on/1 week off) plus letrozole 2.5 mg daily, with laboratory findings showing AST 363 U/L and ALT 532 U/L.
- Extensive workup for viral hepatitis and autoimmune causes was negative except for low-titer ANA and IgG 20 g/L; RUCAM score of 7 indicated probable drug-induced liver injury.
- Both drugs were discontinued and liver enzymes initially continued to rise before improving without corticosteroids, achieving complete normalization within two months.
- Subsequent treatment with tamoxifen and palbociclib was well tolerated with no recurrent hepatotoxicity, suggesting a drug-specific rather than class effect.
- The case highlights the importance of monitoring liver function during early months of CDK4/6 inhibitor therapy, as significant injury can develop despite initially normal tests.

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