

Expanding on Abraxane Safety: Temporal Insights and Future Directions for Adverse Event Analysis [Letter]

Fangcai Yang¹, Wukun Ge²

¹Department of Clinical Nutrition, Ninghai First Hospital, Ningbo, Zhejiang, 315600, People's Republic of China; ²Department of Clinical Pharmacy, Ninghai First Hospital, Ningbo, Zhejiang, 315600, People's Republic of China

Correspondence: Wukun Ge, Department of Pharmacy, Ninghai First Hospital, 142 Taoyuan Middle Road, Ningbo, Zhejiang, 315600, People's Republic of China, Email notiong@alu.zcmu.edu.cn

Dear editor

I read with great interest the article by Zhao et al titled “Unveiling the Hidden Risks: An Update Decade-Long Analysis of Abraxane-Related Adverse Events from the FAERS Database”.¹ The authors should be commended for their comprehensive analysis of Abraxane-related adverse events (AEs) using the FDA Adverse Event Reporting System (FAERS) database. This study provides valuable insights into the safety profile of this widely used nanoparticle albumin-bound paclitaxel formulation, which has shown significant clinical benefits in various cancer types.²

However, I would like to draw attention to several inconsistencies and areas for improvement in the manuscript. Firstly, the title mentions a “decade-long” analysis, yet the methods section states that data were collected from January 2004 through December 2023, spanning nearly two decades. This discrepancy should be addressed. Secondly, there appears to be redundancy in results, with Tables 1, 2, and 3 seemingly duplicating the information presented in Figures 2, 3, and 4, respectively. Streamlining this information could enhance the article's clarity. Lastly, while the flow diagram in Figure 1 indicates an analysis of the “onset time of events”, this aspect is not thoroughly explored in the results or discussion sections.

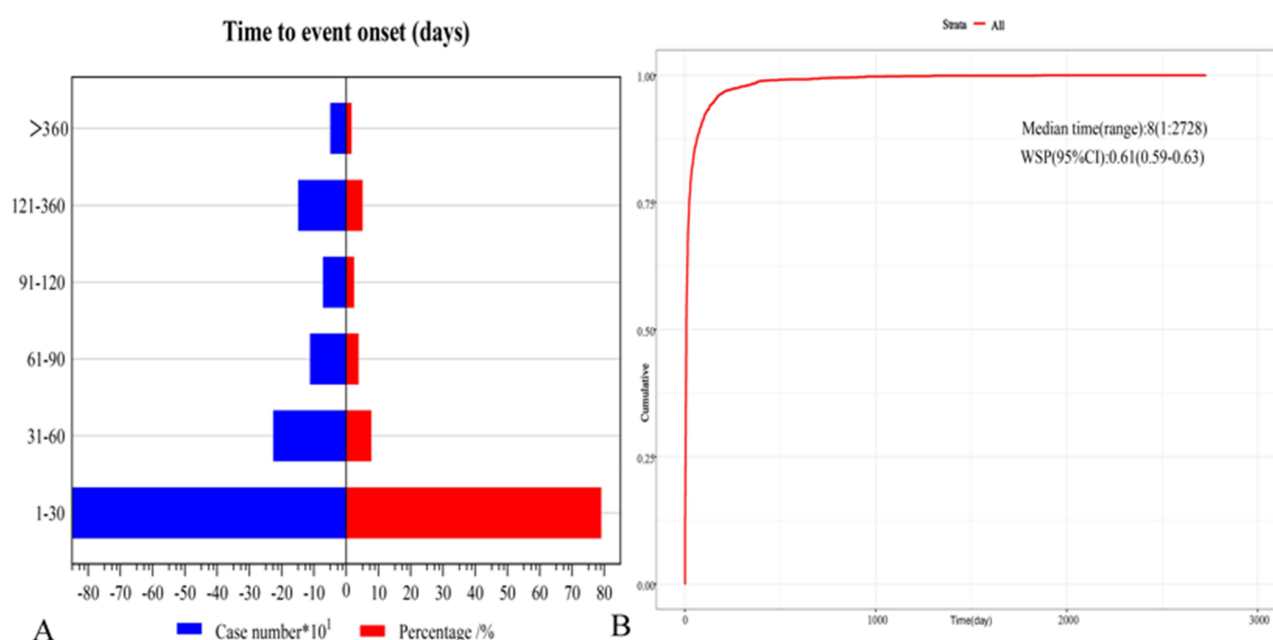


Figure 1 Temporal Analysis of Adverse Events Associated with Abraxane Distribution and Cumulative Incidence from FAERS Database. (A) Bidirectional bar chart illustrating the induction time of treatment-related adverse events. (B) Cumulative incidence time chart showing the accumulation of treatment-related adverse events over time.

I would suggest incorporating additional subgroup analyses. For instance, examining signal differences between genders could reveal important sex-specific safety considerations, as highlighted in recent pharmacovigilance studies.³ Furthermore, stratifying results by administration route might uncover route-specific AE patterns, which could inform clinical decision-making.⁴ Lastly, an age-stratified analysis could illuminate how Abraxane's safety profile varies across different age groups, which is particularly important given the aging population of cancer patients.⁵

To address the lack of temporal analysis in the original study, I have conducted a supplementary investigation using the FAERS database to examine the onset time of adverse events related to Abraxane. This analysis, which created time-to-event graph similar to [Figure 1](#) in the article, provides additional insights into the temporal distribution of Abraxane-related adverse events. This analysis provides additional insights into the temporal distribution of Abraxane-related adverse events. The results reveal that the median time to event onset was 8 days (range: 1–2728 days), with a Weibull shape parameter (WSP) of 0.61 (95% CI: 0.59–0.63). This WSP value below 1 suggests a decreasing hazard rate over time, indicating that the risk of experiencing an AE is highest immediately after treatment initiation and decreases thereafter. This finding aligns with recent literature on the temporal patterns of chemotherapy-related adverse events, particularly for taxane-based regimens like Abraxane.⁶

In conclusion, while this study significantly contributes to our understanding of Abraxane-related AEs, addressing these points could further enhance its impact. The additional temporal analysis I have provided offers valuable insights into the risk profile of Abraxane over time, which could inform clinical decision-making and patient monitoring strategies. The suggested subgroup analyses would provide a more nuanced understanding of Abraxane's safety profile across diverse patient populations.

Data Sharing Statement

This data can be accessed through the FDA's FAERS Public Dashboard at <https://fis.fda.gov/extensions/FPD-QDE-FAERS/FPD-QDE-FAERS.html>.

Acknowledgments

The authors gratefully acknowledge Professor Xiaoyang for providing access to the FAERS package and Dr. Meiyun Sun for the valuable contributions, both of which facilitated the supplementary temporal analysis presented in this letter.

Author Contributions

Fangcai Yang: Conceptualization, writing - original draft, literature review. Wukun Ge: Conceptualization, writing - review & editing, supervision. All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Funding

There is no funding to report.

Disclosure

The authors declare no conflict of interest in this communication.

References

1. Zhao YC, Li X, Wang CQ, et al. Unveiling the hidden risks: an update decade-long analysis of Abraxane-related adverse events from the FAERS database. *Int J Nanomed*. 2024;19:11847–11858. doi:10.2147/IJN.S490400
2. Tran S, DeGiovanni PJ, Piel B, Rai P. Cancer nanomedicine: a review of recent success in drug delivery. *Clin Transl Med*. 2017;6(1):44. doi:10.1186/s40169-017-0175-0
3. Zucker I, Prendergast BJ. Sex differences in pharmacokinetics predict adverse drug reactions in women. *Biol Sex Differ*. 2020;11(1):32. doi:10.1186/s13293-020-00308-5

4. Schmid P, Adams S, Rugo HS, et al. Atezolizumab and nab-paclitaxel in advanced triple-negative breast cancer. *N Engl J Med*. 2018;379(22):2108–2121. doi:10.1056/NEJMoa1809615
5. Lichtman SM, Hurria A, Cirrincione CT, et al. Paclitaxel efficacy and toxicity in older women with metastatic breast cancer: combined analysis of CALGB 9342 and 9840. *Ann Oncol*. 2012;23(3):632–638. doi:10.1093/annonc/mdr297
6. Sakaeda T, Kadoyama K, Okuno Y. Adverse event profiles of platinum agents: data mining of the public version of the FDA adverse event reporting system, AERS, and reproducibility of clinical observations. *Int J Med Sci*. 2011;8(6):487–491. doi:10.7150/ijms.8.487

Dove Medical Press encourages responsible, free and frank academic debate. The content of the International Journal of Nanomedicine 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the International Journal of Nanomedicine editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

International Journal of Nanomedicine

Publish your work in this journal

The International Journal of Nanomedicine is an international, peer-reviewed journal focusing on the application of nanotechnology in diagnostics, therapeutics, and drug delivery systems throughout the biomedical field. This journal is indexed on PubMed Central, MedLine, CAS, SciSearch®, Current Contents®/Clinical Medicine, Journal Citation Reports/Science Edition, EMBase, Scopus and the Elsevier Bibliographic databases. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/international-journal-of-nanomedicine-journal>

Dovepress
Taylor & Francis Group