

**Conclusions** The main reasons for changing from HAART to two-drug regimens were drug resistance tests and simplification of the antiretroviral treatment. Taking into account the limitation of the study due to its short follow-up and the limited number of patients, we can say that in our study, the change to a treatment with two active antiretroviral drugs seems to be at least as effective as the three-drug HAART regimen.

#### Abstract DGI-015 Table 1

	VPL at start of two-drug regimen	CD4 at start of two-drug regimen	VPL 24 weeks	CD4 24 weeks
Change due to drug resistance test	2 patients VLS	433/ml	9 patients VLS	461/ml
12 patients	10 patients Medium VPL 5449 c/ml		3 patients Medium VPL 44388 c/ml	
Change due to side effects	4 patients VLS	306/ml	6 patients VLS	336/ml
6 patients	2 patients Medium VPL 142515 c/ml			
Change for simplification	12 patients VLS	589/ml	12 patients VLS	427/ml
12 patients				

No conflict of interest.

#### DGI-016 ASSESSMENT OF TOCILIZUMAB PRESCRIPTIONS AT A UNIVERSITY HOSPITAL

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**Background** Tocilizumab (TCZ) is an anti-IL-6 agent given as second-line biotherapy in the treatment of rheumatoid arthritis (RA). Guidelines for the prescription of TCZ indicate that it must be administered after anti-TNF- $\alpha$  failure at the University Hospital of Montpellier (UHM).

**Purpose** To assess the prescriptions for TCZ and check them against the existing guidelines since an increasing number of patients are treated at the UHM.

**Materials and Methods** The study was conducted over a period of 20 months, from January 2010 (marketing of TCZ) to July 2011. Patients treated with TCZ were identified thanks to the hospital information database. Data collected were: indications, previous treatment, number of anti-TNF- $\alpha$  drugs used before TCZ, association with conventional treatment, and biotherapy implemented if TCZ fails.

**Results** 149 patients were treated with TCZ: RA 93.4%, juvenile idiopathic arthritis 3.7%, Still's disease and ankylosing spondylitis 2.9% (off-label).

All patients had previously been treated with methotrexate (MTX).

TCZ was administered after failure of anti-TNF- $\alpha$  in 79.2% of the cases. 13.4% received TCZ as first-line biotherapy.

For 59.1% of patients, TCZ was associated with the conventional treatment. 62.6% were treated with MTX.

We evaluated the effectiveness of TCZ in 88 patients (patients who had not started their treatment in clinical trials in the last 6 months of the study): the treatment was successful for 67 of them (76.1%). TCZ was not effective in 23.9% with a mean treatment duration of 7.1 months. For these patients, TCZ was switched to abatacept (anti-CTLA4) 47.6%, anti-TNF- $\alpha$  33.3% or rituximab (anti-CD20) 19.1%.

**Conclusions** TCZ is an active molecule in the treatment of RA. Our guidelines are not always respected since TCZ was used as first-line biotherapy in 13.4% of patients. Further evaluation

of this early use is needed to understand the practise of the prescribers.

No conflict of interest.

#### DGI-017 BEVACIZUMAB PLUS IRINOTECAN IN MALIGNANT GLIOMAS

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**Background** Malignant gliomas (MG) comprise the most common types of primary central nervous system tumours.

**Purpose** An observational study to evaluate the efficacy and safety of bevacizumab plus irinotecan used off-label in recurrent malignant gliomas.

**Materials and Methods** Pharmacy records were reviewed to identify patients with histologically proven MG who had been treated with bevacizumab plus irinotecan as second- or third-line chemotherapy. Eligible patients: radiological evidence of tumour recurrence or progression prior to initiation of chemotherapy and STUPP regimen as first line. Patients were treated with IV bevacizumab (10 mg/kg) on days 1, 15 and 29 every 6 weeks and IV irinotecan (340 mg/m<sup>2</sup> if concomitant enzyme-inducing antiepileptic drugs (EIAEDs) or 125 mg/m<sup>2</sup> if no EIAEDs) on days 1, 15 and 29 every 6 weeks. Treatment was continued until disease progression or unacceptable toxicity. Tumours were evaluated by brain MRIs. Response to treatment was assessed at baseline and every 3 cycles or whenever progression was clinically suspected. The Macdonald criteria were used to evaluate the response. Toxicity was assessed before each cycle by medical history, haematology and biochemistry. Adverse events were graded according to NCI-CTCAEv4. Anti-epileptics were administered as medically indicated.

**Results** Seven patients (5 men, 2 women) were evaluated. Mean age was 52.4 years and glioblastoma multiforme (GBM) was the major histotype (71%). 71.4% of patients had had a total resection as primary surgery and 14.3% of patients had undergone second surgery at disease recurrence. The median number of cycles administered was 4. Overall activity comprised 3 partial responses (42.86%); and 1 (14.28%) disease stabilisation for a Disease Control Rate of 57.14%. Three patients (42.86%) experienced disease progression. The median progression-free survival was 8.2 months (95% confidence interval (CI): 5.4–10.9) and the median overall survival was 11.8 months (95% CI: 6.1–17.5). No central nervous system haemorrhages occurred, but one patient developed deep venous thromboses.

**Conclusions** The combination of bevacizumab and irinotecan seems to run as an alternative and active regimen for recurrent MG with acceptable toxicity but it is necessary to expand the study population to draw definitive conclusions.

No conflict of interest.

#### DGI-018 BUDGET IMPACT ANALYSIS ON NEW 3-YEAR IMATINIB ADJUVANT TREATMENT FOR PATIENTS WITH OPERABLE GIST AT HIGH RISK OF RECURRENCE

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**Background** The results of Phase III of the (SSG)XVIII/AIO clinical study on imatinib (IM) in adjuvant treatment of GIST show that, after five years of follow up, 3 years of treatment lead to 66%