## DGI-058 RESULTS OF USING TOLVAPTAN

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**Background** Tolvaptan is the first oral antagonist of the vasopressin V2 receptor. It is indicated in adult patients with hyponatraemia secondary to syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH).
**Purpose** To evaluate the use of tolvaptan in a tertiary hospital.
**Materials and Methods** An observational study was conducted on patients treated with tolvaptan from January 2012 to September 2012. Data was collected from the review of medical histories, lab tests and dispensing records. A data collection sheet was designed on which were recorded: diagnosis related to hyponatraemia, age, gender, dose, clinical department that prescribed it, serum sodium when the treatment with tolvaptan was initiated, evolution and possible side effects.
**Results** 6 patients (50% male) received tolvaptan in the study period. Average age was 72.53 years. The clinical department that wrote the prescription was Internal Medicine in five cases and Oncology in the other one. The background pathology was lung cancer in two cases, heart failure in two cases, idiopathic SIADH in one case and only one case of SIADH. The average serum sodium concentration pre-treatment was 113 (101–120) mg/dl. The dose usually used was 15 mg/day, although one patient took 30 mg/day. The average length of treatment was 123 (30–270) days. Only one patient discontinued treatment due to gastrointestinal side effects. One terminal cancer patient and an 85-year-old patient died. The average cost-day per patient was €65.75.
**Conclusions** Our results agree with the tolvaptan clinical trials, that it appears to be safe and effective in the treatment of hyponatraemia refractory to other treatments. The high cost of the treatment and the limited experience in its use required strict control over its administration.

No conflict of interest.

## DGI-059 SAFETY OF ANTI-EPIDERMAL GROWTH FACTOR RECEPTOR AGENTS: CETUXIMAB AND PANITUMUMAB

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**Background** A recently-published meta-analysis describes the risk of thromboembolic events (TEs) associated with anti-growth factor receptors such as cetuximab and panitumumab.
**Purpose** To describe the frequency of TEs related to cetuximab and panitumumab use. Likewise, to detail adverse reactions (ARs) and their severity.
**Materials and Methods** Retrospective descriptive study in a 500-bed university hospital performed from January 2010 to September 2012. All patients who had been treated with cetuximab or panitumumab were reviewed. In a database we recorded: sex, age, underlying disease, drug, dose reduction if it was necessary, number of cycles administered, ARs and degree of severity according to Common Toxicity Criteria. The information was extracted from patients' medical records and from pharmacy service records.
**Results** Twenty-four patients were included, 12 were men. Mean sample age was 61 years. The main underlying disease was colorectal cancer with liver and lung metastases (41.2%). Mean duration of treatment was 10.7 cycles/patient. All patients received cetuximab in combination regimens with fluoropyrimidines, platinum and irinotecan. Four patients were treated with panitumumab. ARs appeared in 95.8% of the sample. There were 153 ARs, 88.9% during treatment with cetuximab. (Table 1). Two cases of deep vein thrombosis (DVT) during treatment with cetuximab were reported; none with panitumumab. Grade 1 toxicity represented 44.5% of all ARs, 40.5% were grade 2, 13.7% grade 3 and 1.3% grade 4. Due to ARs, three patients required dosage reduction, all related to cetuximab schedules.
**Conclusions** Two cases of DVT were reported in patients treated with different cetuximab chemotherapy schedules. It is difficult to establish a relationship between ARs and the drugs used. Further studies are needed to clarify the association of TE and cetuximab. The rest of AR founded, are described in the product information. It is necessary a higher foresight to establish preventive measures to avoid or reduce AR toxicity.

Abstract DGI-059 Table 1

| AR | % of patients |
|---|---|
| Rash | 79.2 |
| Paresthesia | 66.7 |
| Transaminases | 54.2 |
| Asthenia | 45.8 |
| Diarrhoea | 37.5 |
| Neutropenia | 29.2 |
| Anaemia | 25.0 |
| Tricomegalia | 25.0 |

No conflict of interest.

## DGI-060 SAFETY OF INTRAVENOUS TREATMENT OF BREAST CANCER: INTERACTION WITH CHRONIC MEDICINES

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**Background** Pharmacists may play an important role in the prevention of potential drug interactions (PDIs).
**Purpose** To investigate PDIs among intravenous cytotoxic drugs and medicines for comorbid illnesses in breast cancer patients, according to the interaction mechanism, its clinical significance and the published literature.
**Materials and Methods** Treatments for breast cancer patients were analysed in a retrospective study over a month. Data were collected from pharmacy oncology software (Oncowin) and the Primary care Prescription Data-Base (OMI-AP). Interactions were checked with Lexi-Comp Online.
**Results** 73 women were treated with intravenous cytotoxic drugs in November 2011. Mean age was 57 ± 13 years. Only 40 women were recorded in the Primary Care prescription database, and 3 of them did not receive concomitant treatment during that month. There were 10 different chemotherapy schemes involving 7 antineoplastic drugs. Comorbid chronic diseases were treated with 89 different drugs; antihypertensives, NSAIDs, benzodiazepines and antimicrobials were the most widely used drugs. 7 cases of PDIs were found, comprising 5 different interactions: cyclophosphamide/paroxetine (2), paclitaxel/diltiazem (1), docetaxel/trazodone (1), paclitaxel/atorvastatin (2), paclitaxel/ketoconazole (1). These interactions were detected in 6 patients (15% of patients with OMI-AP data). In one patient 2 PDIs were observed: cyclophosphamide/paroxetine and docetaxel/trazodone. All the PDIs detected were pharmacokinetic interactions. None of the PDIs detected had clinical relevance according to the scientific literature.
**Conclusions** PDIs may occur among drugs for chronic diseases and chemotherapy in breast cancer patients. These data are consistent with previous reports in which PDIs were observed in 19% of