REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-166 MANAGEMENT OF TOXICITIES RELATED TO CYCLIN DEPENDENT KINASE 4/6 INHIBITORS IN METASTATIC BREAST CANCER

MC Sánchez Argaiz*, M Gónzalez Padilla, M Gómez Delgado, B Cancela Díez, I Moya Carmona. *Hospital Virgen De La Victoria, Hospital Pharmacy, Málaga, Spain*

10.1136/ejhpharm-2021-eahpconf.285

Background and importance Treatment goals for advanced or metastatic breast cancer include not only delaying progression of the disease and extending survival, but also maintaining or improving the quality of the patient's life. New targeted therapies, such as cyclin dependent kinase (CDK) 4/6 inhibitors, have improved patient outcomes with hormonal receptor positive, HER negative, metastatic breast cancer compared with conventional single agent endocrine therapy. They contribute to clinical benefit but at the same time they are the cause of complex and potentially severe adverse events that require good clinical management of toxicities.

Aim and objectives To assess the safety of CDK4/6 inhibitors, analysing the relevant adverse drug reactions (ADRs) and reviewing the clinical management of toxicities.

Material and methods A retrospective observational study was conducted in a second level hospital. We assessed the safety of three CDK4/6 inhibitors (ribociclib, palbociclib and abemaciclib), reviewing the medical and pharmaceutical records of all patients that attended the pharmacy department from January to March 2020. Collected data were: age, ECOG, cancer stage, metastatic location, type of CDK4/6 inhibitor in combination with endocrine therapy, ADRs, grade and clinical management (dose reductions, temporary interruptions and permanent discontinuations).

Results 58 patients were included, median age 55 years (75–39), and 67% (39) received ribociclib, 29% (17) received palbociclib and 4% (2) received abemaciclib. ECOG at the beginning was 0 in 55% (32) of patients, 1 in 28% (16) and 2 in 10% (6). 100% of patients had disease stage IV and the main metastatic location was bone (87%). Average number of cycles received was 15 (1–36). 38 (66%) patients had severe ADRs (grades 3–4), approximately 3 severe ADRs per patient. Neutropenia was the most common ADR grade 3/4 (85%) related to CDK4/6 inhibitors, and was highest with ribociclib compared with the other CDK4/6 inhibitors, followed by gastrointestinal disorders (5%). These severe ADRs required dose reductions in 15% (31), temporary interruptions in 37% (79) and permanent discontinuation of treatment in 4% (7). 19 patients also needed supportive treatments.

Conclusion and relevance In spite of the manageable safety profile of CDK4/6 inhibitors in clinical practice, the frequency of severe ADRs associated with these treatments makes consistent close monitoring of side effects and toxicity necessary due to inter-patient variability, along with practical management strategies to find the optimal therapy for each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-167 ANALYSIS OF FIRSTLINE TREATMENT IN THE ELDERLY WITH METASTATIC COLORECTAL CANCER

A Magallon Martinez*, MJ Agustín Ferrández, A Pinilla Rello, L Cazorla Poderoso, M Pérez Moreno, A López Pérez, J Perales Pascual, MR Abad Sazatornil. *Universitary Miguel Servet Hospital, Hospital Pharmacy, Zaragoza, Spain*

10.1136/ejhpharm-2021-eahpconf.286

Background and importance The increase in life expectancy, the higher incidence of cancer in elderly patients and the lack of clinical trials in these patients makes it necessary to carry out studies that allow us to know the effect and safety of the treatments.

Aim and objectives To analyse the effectiveness and safety of firstline treatment of metastatic colorectal cancer (CRCm) in the elderly treated in a third level hospital.

Material and methods This was an observational retrospective study including patients aged ≥75 years with CRCm, who received chemotherapy treatment in 2017. The main variables studied were type of treatment, clinical response, progression free survival (PFS), overall survival (OS), dose reductions and treatment delays due to adverse events.

Results 59 patients (71.2% men) with a median age of 76 years were enrolled, 27.1% were ≥80 years old. 41/59 patients presented with colon cancer, the left colon being the most frequent location. 26/59 metastases were hepatic, 11/59 pulmonary, 9/59 hepatic and pulmonary, and 13/59 in other locations. They were treated with nine different schemes: 50/59 in combination with two or more drugs and 9/59 as monotherapy with capecitabine. 36/59 patients were treated with target therapies. The median number of administered cycles was 10. The response was complete in 6/59 patients, partial in 29/59, stable disease in 17/59 and progression of disease in 7/59. Median PFS and OS were 12 and 30 months, respectively. We observed that patients with left colon tumours, no RAS mutation, tumours with a degree of differentiation 1 and 2 (well differentiated) and patients rescued by surgery had better OS ($p<0.05$). 23/59 patients started treatment with doses lower than recommended in clinical practice guidelines. In terms of safety, 34/59 patients had at least one dose reduction, and 30/59 had one treatment delay. Adverse events with frequency ≥50% were asthenia, peripheral neuropathy, diarrhoea and palmar–plantar erythrodysaesthesia.

Conclusion and relevance Our patients presented with baseline clinical characteristics similar to the general adult population, with no tumour characteristics associated with advanced age. Effectiveness and safety were similar to those in clinical trials, although our patients had more dose reductions. Considering the heterogeneity of patients and in the absence of clinical trials in the elderly, real life studies can be very useful.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None

Conflict of interest No conflict of interest

5PSQ-168 INTEREST AND IMPLEMENTATION OF RAPID DARATUMUMAB INFUSION DURING THE HEALTH CRISIS

[1]C Sereni*, [1]L Maljean, [1]F Morey, [2]S Dupire, [1]B Mauguen. [1]*Centre Hospitalier De Bourg-En-Bresse, Pharmacy, Bourg-En-Bresse, France*; [2]*Centre Hospitalier De Bourg-En-Bresse, Oncology–Haematology Department, Bourg-En-Bresse, France*

10.1136/ejhpharm-2021-eahpconf.287