cancer patients. Most relevant interactions described are paclitaxel with antiepileptics, docetaxel with ketoconazole or cyclophosphamide with benzodiazepines. No clinically relevant interactions were found in our patients. Patients with comorbidities on multiple drug therapy (in addition to the drugs used for cancer treatment) would most benefit from pharmaceutical care.

No conflict of interest.

DGI-061 SAFETY OF TRIPLE TREATMENT IN CHRONIC HEPATITIS C

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Background Efficacy of chronic hepatitis C genotype 1 treatment has been improved with protease inhibitors (PIs) telaprevir and boceprevir. However, triple therapy (PI, peginterferon alfa and ribavirin) has increased the number, type and severity of adverse events.
Purpose To assess the safety of triple therapy in the first 12 weeks of treatment with telaprevir and boceprevir used for chronic hepatitis C treatment in clinical practise.
Materials and Methods Between March and September 2012, all patients treated with telaprevir and boceprevir receiving medicines in the outpatient pharmaceutical care unit of a tertiary hospital were interviewed. Adverse events were collected in a predefined questionnaire. Anaemia, neutropenia and thrombocytopenia were also included as adverse effects if the patient had been treated for any of them. Interviews were conducted during the medicines dispensing (monthly).
Results Fifty-one patients with triple therapy were interviewed; 34 of them were treated with telaprevir and 17 with boceprevir. All patients had at least one adverse event on any of the visits. Globally, the most frequent adverse events were tiredness (84.3%), digestive disorders (70.6%), dermatological disorders (64.7%) and influenza-like syndrome (62.7%). Patients being treated with telaprevir mainly suffered from tiredness (85.3%) and dermatological disorders (70.6%). However, tiredness (82.4%) and mood disorders (70.6%) were the most usual adverse events in patients being treated with boceprevir. The frequencies of other side effects are listed in Table 1.
Conclusions Efficacy in the first 12 weeks of triple therapy results in a high frequency of adverse events. Information on possible side effects and how to prevent or treat them is important for patients. Since PIs have only recently come onto the market, it is also important to communicate and record any new adverse events not identified in clinical trials.

No conflict of interest.

Abstract DGI-061 Table 1

Adverse event	Telaprevir (%)	Boceprevir (%)
Influenza-like illness	61.8	64.7
Tiredness	85.3	82.4
Mood disorders	32.4	70.6
Digestive disorders	67.7	76.5
Dermatological disorders	70.6	52.9
Hair lost	5.9	17.7
Non-productive cough	8.8	29.4
Itchy eyes	0.0	5.9
Oral disorders	32.4	33.3
Haemorrhoids	64.7	0.0
Tachycardia	2.9	23.5
Decreased libido	2.9	11.8
Oedema	11.8	11.8
Anaemia	55.9	47.6
Neutropenia	17.7	11.8
Thrombocytopenia	14.7	5.9

DGI-062 SORAFENIB, SUNITINIB AND EVEROLIMUS IN METASTATIC RENAL CELL CARCINOMA: EFFICACY AND SAFETY

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Background Tyrosine kinase inhibitors (TKIs) and m-TOR inhibitors (m-TORIs) have demonstrated clinical efficacy in patients with advanced renal cell carcinoma (aRCC).
Purpose To describe one centre's experience with the use of TKIs and an oral m-TORI in patients with aRCC.
Materials and Methods Retrospective observational study of patients with aRCC treated with TKIs (sorafenib, sunitinib) and an m-TORI (everolimus) from March 2007–May 2012. Variables: demographics, initial ECOG, line number, duration (TT) and reason for stopping treatment, best response (partial response (PR), stable disease (SD), progression) according to clinical and radiological criteria; progression-free survival (PFS) and overall survival (OS) in weeks (w) and toxicity.
Results Of the 22 patients studied 81.8% were male with an average age of 65.77 years (SD: 11.76): 5 treated with sorafenib, 13 with sunitinib and 4 with everolimus.

Reasons for discontinuing were: 40% (2/5), 46.15% (6/13) and 75% (3/4) progression/clinical worsening; 40% (2/5), 15.38% (2/13) and 25% (1/4) toxicity; and 20% (1/5), 15.38% (2/13) and 0% death, for sorafenib, sunitinib and everolimus respectively. Response rates were (except the 5 patients who stopped too early): sorafenib 100% SD (2/2); sunitinib 25% SD (3/12), 58.33% PR (7/12) and 16.6% progression (2/12) and everolimus 100% progression (3/3).

Treatment-related adverse events: sorafenib 60% asthenia and 40% rash; sunitinib: 53.85% rash, 46.15% diarrhoea and 38.46% neutropenia, mucositis and asthenia, and everolimus: 75% hypercholesterolemia, 50% hypertriglyceridemia and 25% pneumonitis.
Conclusions In our study, median OS was lower than those obtained in pivotal trials, instead, median PFS was higher, except everolimus. Regarding safety, sorafenib had similar toxicity; sunitinib had higher rates of hand-foot syndrome and everolimus had higher rates of hypercholesterolemia. However, the small number of patients limits our conclusions.

No conflict of interest.

DGI-063 STUDY OF THE USE AND EFFECTIVENESS OF DAPTOMYCIN IN A TERTIARY HOSPITAL

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Abstract DGI-062 Table 1

	ECOG				No. metastatic sites				Line number		Median TT (w)
	0	1	2	No data	1	2	3	Common sites	1	≥2	
SORAFENIB		3/5		2/5	2/5	3/5		40% Lung 40% Bones	4/5	1/5	5 (IQR: 2–49.5)
SUNITINIB	7/13	3/13	1/13	2/13	6/13	6/13	1/13	53.85% Lung 30.77% Liver	11/13	2/13	48 (IQR: 16.5–80.5)
EVEROLIMUS	1/4	3/4			2/4	1/4	1/4	50% Liver	0/4	4/4	10 (IQR: 8–12)

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