

Conclusions

- Foscarnet is an effective alternative in the treatment of CMV infection if there is intolerance or lack of response to ganciclovir.
- Worsening renal function is the most important adverse effect.

No conflict of interest.

DOI-066 SURVIVAL STUDY OF PATIENTS WITH NON-SMALL CELL LUNG CANCER TREATED WITH ERLOTINIB

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Background Lung cancer is the most common malignancy in the world, with approximately 1.4 million new cases per year, representing 16.6% of all tumours in men and 7.5% in women. It is the leading cause of cancer death.

According to the European Medicines Agency erlotinib is indicated in non-small cell lung cancer.

Erlotinib is a cytostatic selective inhibitor of tyrosine kinase coupled to EGFR.

Purpose To determine the survival of patients with stage IV non-small cell lung cancer (NSCLC) treated with erlotinib.

Materials and Methods Retrospective cohort study of all patients treated with erlotinib from 1 January 2011 to 15 June 2012 in a regional tertiary level hospital. Data collection: Viewed outpatient dispensing programme (Cafydin), reviewed medical records.

Statistical analysis:

1. Kaplan-Meier method: to determine the probability of global survival.
2. Logrank method: to compare the survival distributions of two samples.

Variables investigated: death, treatment time, treatment line and treatment discontinuation, Epidermal Growth Factor Receptor (EGFR) mutation (positive or negative).

Results Fifty patients were included. Thirty of them died. The average survival of the patients was 244.9 days with an IC95% [195.3–294.5]. 50% of the patients were alive at 180 days with IC95% [104.9–255.1].

The probability of remaining alive at the end of the study for patients with first-line treatment was 6.7% vs. 45% with the second or third line.

Survival as a function of treatment dropout: no patients who discontinued treatment during the study lived longer than if they continued treatment (8.7% vs. 18.8%).

No determinations of EGFR mutation were made.

Conclusions Erlotinib is emerging as an effective drug that increases survival in patients with NSCLC if it is administered as second or third line vs. first line.

It is necessary to determine EGFR mutations to prevent drugs being administered to patients with negative mutations.

No conflict of interest.

DOI-067 TELAPREVIR, A NEW PROTEASE INHIBITOR FOR TREATMENT OF HEPATITIS C VIRUS

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Background Hepatitis C virus (HCV) infection is a major health problem in the western world. Current treatment with interferon (IFN) and ribavirin (RBV) is able to produce a sustained virological

response in approximately 50% of patients with genotype-1. Telaprevir (TPV) represents a change in the treatment of HCV.

Purpose To describe the proportion of patients who had undetectable plasma HCV-RNA at week 4 and 12 of treatment, the haemoglobin and platelets level during treatment and the most frequently reported adverse events.

Materials and Methods We conducted a retrospective study of all patients who started triple therapy in 2012. We collected demographics (age and sex), genotype, pre-treatment response, haemoglobin, platelets, plasma HCV-RNA at weeks 0, 4 and 12 and reported adverse events.

Results Since January 2012, 9 patients began treatment with RBV+IFN+TPV with a mean of age of 49 (SD:6.2). 89% were male. Genotype-1a was predominant (95%).

Five patients were previous non-responders, three were relapsers and one was missing.

The mean haemoglobin at weeks 0, 4 and 12 was 15.5 (SD:1.2), 13.0 (SD:1.7), and 11.3 (SD:1.9) mg/dl respectively and the mean platelets at week 0, 4 and 12 were 217 (SD:142.4), 132 (SD:46.2) and 121 (SD:33.9) respectively. The mean of plasma HCV-RNA at the beginning was log 6.55 (SD:0.39). At week 4, 8 patients (88.9%) had undetectable plasma HCV-RNA and 1 had to discontinue treatment (HCV-RNA: log5.63). At week 12, 7 patients had undetectable plasma HCV-RNA. One patient had to discontinue treatment due to severe anaemia.

The most frequent adverse event was anaemia (89%); in two cases it was even necessary to administer erythropoietin. Other adverse events were rash, fatigue and haemorrhoids.

Conclusions Our rate of undetectable plasma HCV-RNA at week 4 is high (89%) which allowed TPV to be suspended at week 12 and RBV+IFN treatment to be shortened to 24 weeks.

Anaemia was the major serious adverse event reported.

No conflict of interest.

DOI-068 THE EFFECT OF MAIN GENE POLYMORPHISMS ON STABLE DOSES OF ACENOCOUMAROL IN LONG-TERM ANTICOAGULATION TREATMENT

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Background Several variants in CYP2C9 (CYP2C9*2 and especially the CYP2C9*3 allele) and VKORC1 genes (especially the 1639G>A polymorphism) are associated with effective coumarin derivative dose. The rs2108622 polymorphism in the gene encoding cytochrome P450, family 4, subfamily F, polypeptide 2 (CYP4F2) could also influence warfarin dose with relevant effects on coumarin response. Concomitant drugs metabolised by CYP450, such as proton pump inhibitors, mainly metabolised by CYP2C19, may increase the risk of overanticoagulation in long-term oral anticoagulation therapy. Acenocoumarol pharmacokinetics may result altered with the presence of the C3435T gene polymorphism in the P-glycoprotein and has been associated to higher warfarin dose requirements in patients with deep vein thrombosis.

Purpose Our aim was to evaluate the influence of VKORC1, CYP2C9-(CYP2C9*2 and CYP2C9*3 alleles), CYP4F2*2, CYP2C19*17 and MDR1-C3435T gene polymorphisms on the achievement of stable anticoagulation dose in patients treated with acenocoumarol.

Materials and Methods Patients with atrial fibrillation, pulmonary embolism, deep vein thrombosis, metallic aortic valve and metallic mitral valve prosthesis treated with acenocoumarol at a third level hospital were genotyped by Polymerase Chain Reaction (PCR)-Restriction Fragment Length Polymorphism, direct sequencing or real time PCR. Clinical, pharmacological and socio-demographic