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.

**Drug information**

**Survival Study of Patients with Non-Small Cell Lung Cancer Treated with Erlotinib**

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**Results**

- The probability of remaining alive at the end of the study for 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.
- 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.

**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 (Càydam), 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% [104.9–255.1].
- 50% of the patients were alive at 180 days with an average survival of the patients was 244.9 days with an IC95% [195.3–294.5]. 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: log5.6S). At week 12, 7 patients had undetectable plasma HCV-RNA. One patient had to discontinue treatment due to severe anaemia.

**Conclusions**

- 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.

**Materials and Methods**

- 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 cytchrome P450, family 4, subfamily F, polypeptide 2 (CYP4F2) could also influence warfarin dose with relevant effects on coagulation.

**Results**

- 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+TPV treatment to be shortened to 24 weeks.

**Conclusions**

- Anaemia was the major serious adverse event reported.

No conflict of interest.