range within and across indications and were on average 4.18–4.78 times those for Botox in FD and HS and 2.41–3.18 times those for Botox in JCP (overall range 2.41–4.78).

Conclusions Botox and Dysport are not interchangeable. The doses used in Poland are consistent with the results of the REAL DOSE study [1]. Treatment is individualised according to patient needs, experience and doctors' preferences.

Reference

1. Marchetti A *et al*, Retrospective evaluation of the dose of Dysport and Botox in the clinical management of cervical dystonia or blepharospasm (The REAL DOSE Study), *Movement Disorders* Vol. 20, No. 8, 2005, pp. 937–944

No conflict of interest.

DOI-076 USE OF COLONY STIMULATING FACTORS (CSF-G) IN FEBRILE NEUTROPENIA IN PATIENTS UNDERGOING CANCER CHEMOTHERAPY

doi:10.1136/ejhp-2013-000276.342

V Cascone, F Caruso, D Sammatrice, G Rizza. *ASP of Ragusa, Hospital Pharmacy RG 1 Distrect, Ragusa, Italy*

Background The hematopoietic growth factors are a fundamental tool for medical oncologists in the treatment of chemotherapy-induced cytopenia. The proper use of these therapeutic aids plays an important role in terms of reduction of morbidity, mortality and costs.

Purpose To evaluate whether clinical practise follows national guidelines on colony stimulating factors (CSF-G) in the management of hematopoietic toxicity in oncology (AIOM 2010); to investigate the incidence of certain parameters involved in the overall assessment of the risk factors for febrile neutropenia (FN).

Materials and Methods In the first half of 2012, we analysed the CSF-G requirements in patients undergoing cancer chemotherapy. We selected patients treated with cancer chemotherapy, older than 60 years with a risk factor of FN > 20%, calculated on factors related to the chemotherapy regimen, patient age and type of tumour.

Results We identified 57 patients treated with chemotherapy and CSF-G. Of these, 27 were treated with lenograstim, 24 with pegfilgrastim and 6 with filgrastim. Evaluating the appropriateness of prescribing, according to the parameters identified, showed that only in 12 patients undergoing chemotherapy was a risk factor of FN greater than 20% observed; of these, 4 were treated with pegfilgrastim, 3 with lenograstim and 5 were not treated (3 of which were older than 65 years). We observed that most patients were treated for ovarian, breast or lung cancer or non-Hodgkin's lymphoma, whereas only a small percentage were treated for other cancers such as endometrial, colon, bladder, thymus or biliary tract cancer.

Conclusions The comparison between clinical practise and the AIOM guidelines showed that the use of CSF-G is higher than the level required by the guidelines, when referring exclusively to the 3 major risk factors considered. Therefore, the use of CSF-G in chemotherapy regimens with a low score for febrile neutropenia seems very influenced by additional factors related to the treatment, the patient and the disease.

No conflict of interest.

DOI-077 USE OF EVEROLIMUS IN COMBINATION WITH EXEMESTANE FOR THE TREATMENT OF ADVANCED BREAST CANCER IN A TERTIARY HOSPITAL

doi:10.1136/ejhp-2013-000276.343

M Sanchez, MA ALCACERA, M Gimeno, MA Allende, M Arenere, E Fernández. *Hospital Clínico Universitario "Lozano Blesa", Pharmacy, Zaragoza, Spain*

Background Everolimus has recently been approved by the European Medicines Agency (EMA) for the treatment of postmenopausal women with advanced breast cancer in combination with exemestane, after treatment failure with letrozole or anastrozole. The approval was based on the results of the BOLERO-2 study.

Purpose To compare the use of everolimus plus exemestane in breast cancer in our hospital with the BOLERO-2 study.

Materials and Methods Retrospective study of all patients treated with everolimus in combination with exemestane from September 2011 to September 2012.

Data source: clinical history and Pharmacy Department records.

The following variables were analysed: age, disease stage, metastases and localization, previous treatment, adverse reactions, duration of treatment, discontinuation of treatment and reasons.

Safety was evaluated by the appearance of adverse reactions.

Results 9 patients with stage IV breast cancer were included. The median age was 54 (range 76–45) years. All patients had bone metastases and 2 had also visceral involvement (pulmonary and hepatic). Previous treatment included: letrozole/anastrozole (7), tamoxifen (6), fulvestrant (5) and chemotherapy (8). 5 patients met the inclusion criteria of the BOLERO-2 study.

The most frequent reason for discontinuation in the BOLERO-2 study was disease progression. In our study 7 patients discontinued, the reasons were: disease progression (3), death (2), and unknown (2). The median duration of treatment was 16 weeks (14.6 weeks in the BOLERO-2 study). 2 patients are still continuing with the treatment.

The main side effect was stomatitis (55.6%) as in the BOLERO-2 study. Other side effects in our study were: epistaxis, rash, fatigue, infection and gastrointestinal reactions.

Conclusions 55.55% of patients met the inclusion criteria of the BOLERO-2 study and the median duration of treatment was similar.

Stomatitis was the main adverse effect observed.

No conflict of interest.

DOI-078 USE OF SGN35 OR BRENTUXIMAB VEDOTIN IN ANAPLASTIC LARGE-CELL LYMPHOMA: A CASE REPORT IN PAEDIATRICS

doi:10.1136/ejhp-2013-000276.344

P Joret, V Siorat, C Serrano, C Hochart, F Brion, T Storme. *Hopital Robert Debre, Pharmacy, Paris, France*

Background Lymphoma is one of the most frequent haemopathies among children and young adults. Anaplastic large cell lymphoma affects 15% of such children under 15 years old and 40% above 15 years old in France. Although the initial treatments are well codified and the efficacy of chemotherapy is well established in most patients, non-responses or relapses with these drugs are leading haemo-oncologists to look for new and effective therapeutic strategies. Thus, SGN35 or brentuximab vedotin is a monoclonal antibody drug conjugate (mADC). It combines an antibody that selectively targets CD30 expression in tumour cells and a cytotoxic drug derived from auristatin. This cell poison is delivered in situ and leads to apoptotic cell death. SGN35 activity is established in Hodgkin's lymphoma and relapsed or refractory systemic anaplastic large-cell lymphomas that are CD30+.

Purpose To report the use of brentuximab vedotin in a paediatric case study.

Materials and Methods A literature search was undertaken about the use of brentuximab vedotin in paediatrics. The pharmacy undertook the administrative work to obtain the treatment for the patient.

Results In July 2012, FDA licenced this ADC to treat CD30+ Hodgkin's lymphoma and relapsed or refractory systemic