The eGFR was calculated by CKD-EPI, MDRD4-IDMS and Cockcroft-Gault. Patients with serum creatinine below 0.4 mg/dl were excluded.

CKD-EPI was used as a reference formula to assess the concordance between the different methods of estimating, classifying patients in 3 eGFR groups according to the IV dexketoprofen SmPC: <50 mL/min/1.73 m², 50–80 mL/min/1.73 m² and >80 mL/min/1.73 m².

**Results** The study included 1946 patients – 54.3% men, 45.7% women – from a total population of 2052 admissions; mean age of 59.8 years (range 17–103). The mean serum creatinine concentration was 0.84 mg/dl ± 0.48 and mean eGFR, according to CKD-EPI, 83.05 ± 26.17 mL/min/1.73 m².

The following results of non-concordance were found by comparing these formulas to estimate renal function:

- **CKD-EPI vs. MDRD4-IDMS:** 4.5% in eGFR <50 mL/min/1.73 m²; 25.2% in the eGFR 50–80 mL/min/1.73 m² and 16.9% in eGFR >80 mL/min/1.73 m².
- **CKD-EPI vs. CG:** 2.8% in eGFR <50 mL/min/1.73 m² group, 10.5% in eGFR 50–80 mL/min/1.73 m² and 7.8% in eGFR >80 mL/min/1.73 m².
- **MDRD4-IDMS vs. CG:** 4.5% in the group of eGFR <50 mL/min, 21.4% in group eGFR 50–80 mL/min and 17.1% in the group of eGFR >80 mL/min.

**Conclusions** A great difference was found in the estimates of renal function between the three methods used – CKD-EPI, MDRD4-IDMS and CG – in the three eGFR functional categories – <50, 50–80 and >80 mL/min/1.73 m² – ranging between 2.8% and 16.9%.

These results are relevant in clinical practice because the functional category determines the non-use or limited dose of dexketoprofen IV for each patient. No conflict of interest.

**PHC-026**

**SINGLE NUCLEOTIDE POLYMORPHISMS ASSOCIATED WITH ADVERSE EVENTS IN TAXANE-TREATED BREAST CANCER PATIENTS**

**Background** Inter-individual differences in drug efficacy and toxicity are linked, in many cases, to single nucleotide polymorphisms (SNPs) in genes coding for drug metabolising enzymes and transporters. Taxanes are active for several tumour types, including breast cancer. But this is limited by adverse events such as neurotoxicity and haematological toxicity.

**Purpose** To evaluate the associations between a panel of 92 SNPs in 33 genes and adverse events developed by breast cancer patients treated with taxanes.

**Materials and Methods** Between June 2011 and May 2012 breast cancer patients treated with taxanes who gave informed consent were genotyped for 92 SNPs in 33 genes. Genomic DNA was analysed by a genetic analysis platform (MassArray, Sequenom). Hardy-Weinberg equilibrium was assessed. Clinical data were recorded. The association between genotypes and adverse reactions was assessed by a genetic analysis platform (MassArray, Sequenom). Hardy-Weinberg equilibrium was assessed. Clinical data were recorded. The study included 1946 patients – 54.3% men, 45.7% women – from a total population of 2052 admissions; mean age of 59.8 years (range 17–103). The mean serum creatinine concentration was 0.84 mg/dl ± 0.48 and mean eGFR, according to CKD-EPI, 83.05 ± 26.17 mL/min/1.73 m².

The following results of non-concordance were found by comparing these formulas to estimate renal function:

- **CKD-EPI vs. MDRD4-IDMS:** 4.5% in eGFR <50 mL/min/1.73 m²; 25.2% in the eGFR 50–80 mL/min/1.73 m² and 16.9% in eGFR >80 mL/min/1.73 m².
- **CKD-EPI vs. CG:** 2.8% in eGFR <50 mL/min/1.73 m² group, 10.5% in eGFR 50–80 mL/min/1.73 m² and 7.8% in eGFR >80 mL/min/1.73 m².
- **MDRD4-IDMS vs. CG:** 4.5% in the group of eGFR <50 mL/min, 21.4% in group eGFR 50–80 mL/min and 17.1% in the group of eGFR >80 mL/min.

**Conclusions** A great difference was found in the estimates of renal function between the three methods used – CKD-EPI, MDRD4-IDMS and CG – in the three eGFR functional categories – <50, 50–80 and >80 mL/min/1.73 m² – ranging between 2.8% and 25.2%.

These results are relevant in clinical practice because the functional category determines the non-use or limited dose of dexketoprofen IV for each patient. No conflict of interest.

**PHC-026**

**TACROLIMUS AND IMATINIB INTERACTION. A CASE STUDY**

**Background** Tacrolimus is a drug metabolised by CYP3A4. Since imatinib increases the plasma concentrations of simvastatin, a CYP3A4 substrate, this indicates that it is an inhibitor of this enzyme and may affect other drugs.

**Purpose** To describe the possible interaction between imatinib and tacrolimus that result in increased blood levels of Tacrolimus.

**Materials and Methods** Information was collected through the SAVAC and SELENE computer systems and reviewing patient history. The variables compiled were tacrolimus blood levels, dose and dose regimen.

**Results** The patient had an allogeneic blood stem cells transplant from an unrelated donor, HLA and ABO compatible, presenting cutaneous sclerodermiform graft versus host disease (GVHD) on tacrolimus (2 mg/12 h) treatment and blood levels around 4 ng/ml after 45 days of treatment with no change in the dose of tacrolimus. After 45 days of treatment, the drug concentration was around 8.9 ng/ml.

**Conclusions** Tacrolimus level in plasma increased after 45 days of treatment with no change in the dose of tacrolimus. After 45 days of treatment with no change in the dose of tacrolimus. After 45 days of treatment with no change in the dose of tacrolimus. After 45 days of treatment with no change in the dose of tacrolimus. After 45 days of treatment with no change in the dose of tacrolimus.

No conflict of interest.