Conclusions Current calciphylaxis treatments alternatives aim to lower the serum calcium phosphate concentration thereby preventing, or even reversing, calcium phosphate oversaturation, precipitation and, finally, calcification. Administration of IV sodium thiosulfate, which sequesters calcium ions to form highly soluble calcium thiosulfate complexes, can prevent calcium phosphate precipitation.

No conflict of interest.

CPC-146 TREATMENT OF GLIOBLASTOMA RECURRENCES: ROLE OF CHEMOTHERAPY – RETROSPECTIVE AND DESCRIPTIVE STUDY WITHIN 3 CENTRES OF THE N.E.N.O. GROUP (NORTHEAST NEURO-ONCOLOGY)

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Background Glioblastoma multiforme (GBM) are primary brain tumours that are currently incurable. Despite a well codified first-line treatment with concomitant radio-chemotherapy (temozolomide), recurrences of GBM occur and have limited treatment options. Furthermore, there is a lack of effective therapies and no standard relapse treatment. Anti-angiogenic drugs, such as bevacizumab, show encouraging results for patients with recurrences of high-grade gliomas.
Purpose To describe treatments of GBM relapses within three cities in northeast France: Nancy, Reims and Strasbourg. We especially tried to assess the impact of bevacizumab on survival endpoints.
Materials and Methods This is a retrospective study with GBM patients diagnosed between 2006 and 2008. Medical data describing the population and therapeutic oncology support were collected in each site from individual patient charts. Overall Survival (OS) and Progression Free Survival (PFS) were estimated by the Kaplan-Meier method and compared by the log-rank test.
Results Between 2006 and 2008, 321 patients were diagnosed with GBM, of whom 133 patients were treated for at least one recurrence. There were 95 males and 38 females; median age at diagnosis was 58. Main relevant signs of the initial tumour were intracranial hypertension and epilepsy. Initial treatment consisted for 64% of patients in surgical excision, and 86% of patients received conventional radio-chemotherapy followed by adjuvant temozolomide.

More than 50% of recurrences were diagnosed on both clinical and radiological grounds. Discarding palliative care, almost all patients with GBM relapse received chemotherapy: 95% at first recurrence (n = 126/133), 95% at second recurrence (n = 69/73) and 100% at third recurrence (n = 26/26). Bevacizumab was used (alone or in association) in a third to half of cases.

In our population, neglecting the type of relapse treatment, median OS was 17.8 months [5–50 months]. When patients received bevacizumab at some point in their care, median OS was 20.2 months [7–50 months]. This OS is significantly different from the median OS observed without bevacizumab which was 13.5 months [5–41 months]. PFS until the second recurrence with bevacizumab was 5.5 months compared to 3.1 months without bevacizumab. PFS until the third recurrence with bevacizumab was 5 months against 2 months without bevacizumab. However, these results do not show bevacizumab providing significant PFS improvement, especially in the long term.
Conclusions Bevacizumab seems to improve OS in patients with GBM recurrences. However only prospective randomised studies will define the appropriate strategy treatment in recurrent glioblastoma. This work is one of the several projects of the NENO group which aims to standardise practise and build rational standards.

No conflict of interest.

CPC-147 TREATMENT OF HEPATIC METASTASES FROM MELANOMA WITH IRINOTECAN LOADED IN ELUTING BEADS

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Background Chemoembolization of hepatic melanoma metastases refractory to treatment using irinotecan-loaded DC beads [embolic Drug-Eluting Beads]: a novel palliative treatment with which there is as yet little experience.
Purpose To show the progress of a clinical case of metastatic choroidal melanoma treated with irinotecan-loaded DC Beads.
Materials and Methods The pharmacy department loaded the particles with irinotecan ourselves and monitored the patient through the clinical history. The patient was a 38-year-old man with stage IV choroidal melanoma in the left eye (2007).
Results In October 2011, 4 hepatic nodules were detected: 3 in segment VII (23, 25, 11 mm) and 1 in segment II (16 mm). 2 cycles of dacarbazine treatment (1649 mg × 1day) stabilised the disease. The patient experienced emesis and diarrhoea. Given this intolerance and negative BRAFV600E mutation, ipilimumab reinforcement treatment was administered (225 mg × 1day q21days). After 4 cycles of ipilimumab, the disease stabilised for 5 months. In May 2012, an increase in size of the nodules was described and 6 new nodules in both hepatic lobes: segment II (42 × 34 mm), IVb (15 mm), VII (25, 26 and 61.4 × 43 mm) and VIII (14 mm) were observed. Surgery was rejected due to the presence of multinodular lesions and transarterial chemoembolization with irinotecan-loaded DC beads was attempted.

Hypervascular lesions were observed in the distal branches of the hepatic artery by bilobar hepatic arteriography using selective catheterization of both hepatic arteries. Subsequently, hepatic chemoembolization was performed by administering 100 mg irinotecan-loaded beads (75–100 microns). After 2 cycles in each hepatic lobe, treatment response was assessed by the RECIST criteria. One month after the last chemoembolization, stable disease (no new nodules and arterial necrosis <30%) was confirmed. No immediate complications were observed, except for a slight elevation of hepatic enzymes that resolved.
Conclusions Hepatic chemoembolization using irinotecan-loaded beads is a viable alternative with good prognosis for hepatic metastases of choroidal melanoma. A higher concentration of chemotherapeutical drug is achieved within the hepatic lesions using lower doses of irinotecan, which therefore has less systemic impact.

No conflict of interest.

CPC-148 TREATMENT OF SEVERE PSORIASIS WITH BIOLOGICALS

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Background Biological drugs are a relatively new class of treatment for severe psoriasis (SP).
Purpose To analyse the use and outcomes of biologicals in SP.
Materials and Methods Retrospective observational study for 23 months of patients with SP who had not previously received

biological therapy (treatment-naive). Data were collected from the pharmacy outpatient dispensing programme and the clinical history.

Results 46 treatment-naive patients started treatment, mean age 43 (17–83), 58.7% men. They were treated with: adalimumab (20 patients), infliximab (17) and ustekinumab (9); none with etanercept.

Abstract CPC-148 Table 1

	Adalimumab	Infliximab	Ustekinumab
Lost to follow-up	5% (1/20)	23.5% (4/17)	22% (2/9)
Continuing treatment	40% (8/20)	29.4% (5/17)	67% (6/9)
Withdrawal/ Discontinuation by doctor	5% (1/20)	5.9% (1/17)	11% (1/9)
Discontinuation due to good response	20% (4/20)	–	–
Change of treatment	30% (6/20)	41.2% (7/17)	–

The causes of the discontinuation/change of treatment were:

Abstract CPC-148 Table 2

	Adalimumab	Infliximab	Ustekinumab
Lack of efficacy	27.2% (3/11)	25% (2/8)	–
Adverse reactions	18.2% (2/11)	37.5% (3/8)	–
Lack of response + adverse reactions	18.2% (2/11)	12.5% (1/8)	–
Lack of adherence	–	25% (2/8)	–
Good response	36.4% (4/11)	–	–
Other reasons	–	–	100% (1/1)

Adverse reactions that caused withdrawal or change were:

Abstract CPC-148 Table 3

Adalimumab	Autoimmune hepatitis 25% (1/4)
	Asthenia and mood changes 25% (1/4)
	Psoriatic arthritis 25% (1/4)
	Pharyngitis and candidiasis 25% (1/4)
Infliximab	Acute infusion reactions 75% (3/4)
	Psoriatic arthropathy 25% (1/4)

Conclusions The first biological in treatment-naive patients was 1st) adalimumab, 2nd) infliximab and 3rd) ustekinumab. Ustekinumab was the biological drug that achieved the best retention rate. Several patients discontinued their treatment with adalimumab because of good response, since it can be used in intermittent treatment schemes. Change in treatment was more frequent with infliximab, mainly because of infusion reactions. Ustekinumab was the only biological that didn't cause adverse reactions that caused withdrawal or change.

No conflict of interest.

CPC-149 TRIMEBUTINE: A CASE OF ABUSE AND POSSIBLE DEPENDENCE

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Background Trimebutine has an agonist effect on digestive tract and brain mu, kappa, and delta opiate receptors.

Purpose To describe a case report of an abuse and a possible dependence on trimebutine.

Materials and Methods Medical record review and literature search about trimebutine dependence.

Results A 46-year-old woman with a history of Chronic Intestinal Pseudo-Obstruction (CIPO) was prescribed amikacin and trimebutine in the hospital since 2011. Her gastroenterologist initially prescribed trimebutine at 100 mg intravenously three times a day, with a possibility of 100 mg shots if necessary without a maximum dose. At the same time she obtained another prescription by her general practitioner (50 mg IV if needed). Finally 735 ampoules were delivered in seven weeks (15 a day).This overconsumption alarmed the pharmaceutical team and a literature review was made. Dependence is described in a French register: six cases of intravenous abuse or dependence were reported between 1993 and 2009. At high doses trimebutine is cardiotoxic (bradycardia, rhythm disorders) and neurotoxic (convulsions). We alerted the prescribers and reported this abuse to our pharmacovigilance centre. A questionnaire to evaluate the level of dependence was sent to the general practitioner.

Once the general practitioner had been informed, the gastroenterologist alone managed her CIPO treatment and a new prescription was established with a trimebutine posology more consistent with the marketing authorization.

Conclusions Provision from a hospital enabled us to detect the overuse of this drug. Dependence is difficult to prove and drug abuse screening test in the assessment of DSM IV should be used to establish it.

No conflict of interest.

CPC-150 TUBERCULOSIS AND SYSTEMIC DISEASES

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Background The immunosuppression of systemic diseases makes the management of patients with tuberculosis more complicated.

Purpose To monitor the clinical evolution of tuberculosis in patients suffering from systemic diseases.

Materials and Methods A retrospective study, from 1998 to 2012, in the internal medicine service in Rabta hospital, Tunisia, of 9 patients (8 women and a man, median age: 54 years) suffering from connective tissues disease, treated by corticosteroids linked in one or several treatments to immunosuppressants, who subsequently developed tuberculosis.

Results The median time to diagnosis was 116 days (7d – 1 year). The location of the tuberculosis was pulmonary (n = 2), ganglionic (n = 3), urogenital (n = 2), tubercular spondylodiscitis (n = 1), more than one location (n = 1). The diagnosis of tuberculosis was confirmed by bacteriology (n = 4) four cases, histologically (n = 5) and by a test treatment (n = 1). Systemic illnesses were: systemic lupus erythematous (n = 5), Gougerot-Sjögren syndrome (secondary or primary) (n = 3), sarcoidosis (n = 1), systemic scleroderma linked to pernicious anaemia (n = 1), rheumatoid arthritis (patient 2 linked to lupus) (n = 1) and multiple auto-immune syndrome (n = 1). The diagnosis of systematic illness was made before that of tuberculosis in 8 patients and concomitantly in only one. Under treatment by four drugs then by two drugs, the evolution of tuberculosis was favourable in five of nine patients. One of the patients developed an allergy in isoniazid and resistance to the anti-tubercular treatment. Five of our patients recovered from their illness.

Conclusions This study confirms the often extra-pulmonary character of tuberculosis in patients with systemic disease as well as the difficulty of diagnosis and problems multiplied by this association.

No conflict of interest.

CPC-151 TYPE OF CANCER AND RISK FACTORS IN HIV PATIENTS ON ANTIRETROVIRAL TREATMENT

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