recommendations of the CPG, in order to carry out a rational use of health resources.

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No conflict of interest.

4CPS-102 MEASUREMENT OF HEALTH OUTCOMES OF POMALIDOMIDE, CYCLOPHOSPHAMIDE AND DEXAMETHASONE COMBINATION IN ADULT PATIENTS WITH RELAPSED AND REFRACTORY MULTIPLE MYELOMA

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Background Multiple myeloma is a plasma cell malignancy that accounts for 1% of all cancers. Despite available therapies, the disease remains uniformly fatal, and patients who have received prior lenalidomide and bortezomib have a median overall survival of 9 months. Pomalidomide and low-dose dexamethasone (PomDex) is standard treatment for lenalidomide refractory myeloma patients who have received >2 prior therapies. Combination therapy is often used in clinical practice in an attempt to overcome drug/clone resistance.

Purpose To measure health outcomes in the combination of pomalidomide, cyclophosphamide and dexamethasone (PomCyDex) in adult patients with relapsed and refractory multiple myeloma (RRMM).

Material and methods Three-year prospective observational study of 31 cases of RRMM. To measure the health outcomes obtained with the PomCyDex combination in a third-level hospital we used median progression-free survival as the main variable to assess if the combination is effective. Age, number of previous treatment lines and most frequent adverse reactions were also measured.

Results Thirty-one RRMM cases were analysed, (48.3%: women; 51.6%: men). The mean age was 68 years. The health outcomes measured in our clinical practice were as follows: 38.7% of the patients were treated with PomCyDex in the third line, 12.9% in the fourth line, 25.8% in the fifth line, 19.3% in the sixth line and 3.2% in the seventh line. The mean number of PomCyDex cycles received was nine. The median PFS was 9.9 months. The PomCyDex combination was shown to improve PFS by an additional 5.9 months compared to PomDex-only patients receiving a 4 month PFS (MM-003). The most frequent adverse reactions observed were neutropaenia (38%), anaemia (11%) and thrombocytopaenia (5%).

Conclusion Health outcomes of the PomCyDex combination are similar to those published by Baz *et al*¹ and is considered an effective combination. The PomCyDex combination is well tolerated in most patients and is therefore considered a safe treatment.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-103 EVALUATION OF HEALTH OUTCOMES OF DARATUMUMAB IN MONOTHERAPY IN ADULT PATIENTS WITH RELAPSED REFRACTORY MULTIPLE MYELOMA

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Background Immunotherapy has broken new ground in the treatment of multiple myeloma, with the introduction of monoclonal antibodies into the therapeutic arsenal, representing a paradigm shift in treatment. Daratumumab is a human monoclonal antibody IgG1κ, which binds to the CD38 protein that is expressed at a high level on the surface of multiple myeloma tumour cells.

Purpose To evaluate the health outcomes of daratumumab in monotherapy in the treatment of adult patients with relapsed refractory multiple myeloma (RRMM), who have previously received a proteasome inhibitor and an immunomodulatory agent, and who have experienced disease progression in the last treatment.

Material and methods Prospective observational study conducted over a period of 2 years in a third-level hospital. Eleven patients diagnosed with RRMM have been analysed. To evaluate the measurement of health outcomes, the following variables were measured: age, sex, number of previous lines, daratumumab cycles received, progression-free survival (PFS) and adverse reactions.

Results Eleven RRMM cases were analysed, (80%: men; 20%: women). The mean age was 63 years. The health outcomes measured in our clinical practice were: 50% of the patients received daratumumab in monotherapy in the third line, 30% in the fourth line and 20% in the sixth and seventh line. The mean number of daratumab cycles was seven, except for one patient who has now completed cycle 20. The median PFS was 4 months. Only mild gastrointestinal adverse reactions (nausea and vomiting) were observed (20% of patients). The correct pre-medication was performed before and after daratumumab infusion, including 10 mg oral montelukast (first infusion) and respecting the infusion times according to the technical datasheet.

Conclusion Health outcomes of daratumumab in monotherapy for the treatment of patients with RRMM are similar to those published in the combined trial gene 501 and SIRIUS. According to recent publications, daratumumab is likely to be more effective in combination with other drugs. Daratumumab is well tolerated in most patients and is therefore considered a safe treatment.

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No conflict of interest.

4CPS-104 CHEMOTHERAPY TREATMENT IN COLORECTAL CANCER PATIENTS OLDER THAN 70 YEARS AT A TERTIARY HOSPITAL

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