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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10.1136/ejhpharm-2019-eahpconf.251

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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10.1136/ejhpharm-2019-eahpconf.252

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 premedication 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.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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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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10.1136/ejhpharm-2019-eahpconf.253

Background Colorectal cancer represents a major health problem in developed countries. The incidence increases with age. Median age at diagnosis is about 70 years. This creates new needs in the treatment antineoplastic, considering the characteristics of this group of patients: functional alterations that increase the toxicity of drugs, high comorbidity and polypharmacy.
Purpose To describe chemotherapy treatments in elderly patients with colorectal cancer.
Material and methods Descriptive, retrospective study in which patients selected were older than 70 years who had received chemotherapy treatment for colorectal cancer, in the period January 2016 to October 2017. Data collected: sex, age, treatment schemes, reduction in dosage, duration of treatment and side effects.
Results Thirty-four patients were included, mean age 72.97 ±3.36, 58.82% men (n=20). Baseline ECOG was 0 in 29.42% of cases, 1 in 66.64% and 2 in 2.94%. 64.70% patients were diagnosed with stage-IV, 26.47% stage-III and 8.83% stage-II.

Twelve patients in stage II–III were treated with adjuvant-chemotherapy: XELOX (oxaliplatin/capecitabine), FOLFOX6 (oxaliplatin/fluorouracil/folinate) or capecitabine monotherapy. Six patients relapsed: median to relapse was 11 months (4–20).

Patients in stage-IV: 50% liver metastasis, 27.27% lung-liver metastasis, 9.1% retroperitoneum-liver, 9.1% lung metastasis and 4.53% retroperitoneum metastasis.

7/22 patients received perioperative-chemotherapy: XELOX or mFOLFOX6. Four patients relapsed, median to relapse: 5.5 months (3–11).

Twenty-five patients received palliative chemotherapy, median of overall survival 24, (95% CI: 21 to 27). Median of lines of treatments was 3 (1–6). Schemes utilised in first-line: FOLFOX±cetuximab or bevacizumab, FOLFIRI±cetuximab or bevacizumab (irinotecan/fluorouracil/folinate), XELOX, capecitabine.

Fifty per cent of patients underwent dose reduction and 60% had delays of administration due to toxicity.

Side effects: 56% suffered from asthaenia (grade 2–3), 28% mucositis (grade 1–3), 44% neutropaenia (grade 2–3), 60% diarrhoea (grade 2–3), 20% nausea grade 1, 16% vomit (grade 1–2), 56% cutaneous toxicity associated with anti-EGFR drug (grade 1–3), 24% thrombocytopaenia (grade 1–2), 20% neurotoxicity (grade 1–3) and 20% paraesthesia (grade 1–2).
Conclusion There is a tendency to reduce drug doses in the elderly patient, although not always in an established manner. It would be interesting to undertake studies to adapt the intravenous chemotherapy treatment differently to the rest of the adult population, as well as to objectify the overall health, quality of life and functionality of the elderly patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-105 PRESCRIBED ANTINEOPLASTIC AGENTS IN PAEDIATRIC PATIENTS

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10.1136/ejhpharm-2019-eahpconf.254

Background Many medicines prescribed for children have not been formally studied. Therefore, most of them are not labelled to be used in paediatric patients (PP). The Regulation (EC) No 1901/2006 on medicinal products for paediatric use sets up several requirements, rewards and incentives to promote medicinal products being researched, developed and authorised covering the therapeutic needs of children.
Purpose To evaluate the prescription profile of antineoplastic agents in PP in two relevant hospitals in paediatrics that belong to a Regional Health Service.
Material and methods Descriptive study of antineoplasic drug prescription in the PP in the Oncology and Haematology Departments during 2017. Data collected: age and drug (brand/generic name and active substance). Indications and use conditions for the prescribed drugs were evaluated according to the EMA summary of product characteristics They were classified as approved, unlicensed or off-label. Unlicensed drug use was defined as the use of a non-marketed drug. Off-label drug use was defined as the use of a drug in unapproved conditions.
Results A total of 220 children were included (average age: 7.77 years). Six-hundred and forty-seven prescriptions (involving 52 different active substances (AS)) were evaluated. 68.32% of all prescriptions were approved drugs (26 different AS), 12.98% were unlicensed drugs (13 different AS) and 18.70% were off-label drugs (18 different AS). One-hundred and eighty-one children received at least one approved drug, 73 at least one unlicensed drug and 95 at least one off-label drug. Unlicensed and off-label drug use in younger children was higher: 51.24% in 0–4 year old children received at least one unlicensed or off-label drug against 45.57% of 12–17 year old children. Most commonly prescribed approved drugs were: vincristine (12.52%), cyclophosphamide (8.81%) and cytarabine (8.50%). Most commonly prescribed unlicensed drugs were: mercaptopurine oral solution (3.71%), dactynomicin (2.63%) and pegaspargase (2.16%). Most commonly prescribed off-label drugs were: carboplatin (3.71%), bevacizumab (2.78%) and ifosfamide (2.32%).
Conclusion Despite Regulation (EC) No 1901/2006, the results of our study show that around two-thirds of the children received at least one unlicensed or off-label antineoplasic agent.

Proper clinical studies demonstrating and supporting the use of effective and safe drugs on PP are required.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-106 MULTI-STATE MODEL TO ESTIMATE THE OPTIMAL DURATION OF FIRST-LINE CHEMOTHERAPY IN ADVANCED GASTRIC CANCER: DATA FROM THE NATIONAL REGISTRY AGAMENON

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10.1136/ejhpharm-2019-eahpconf.255

Background To date, there has been no phase III trial to establish the optimal duration of first-line chemotherapy for