

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/folinic acid) 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/folinic acid), XELOX, capecitabine.

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

Side effects: 56% suffered from asthenia (grade 2–3), 28% mucositis (grade 1–3), 44% neutropenia (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% thrombocytopenia (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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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 antineoplastic 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%), dactinomycin (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 antineoplastic agent.

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

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