were: gender, age, wild or mutated BRAF, dose reductions, start date, adverse effects, progression and death date.

The Kaplan–Meier method was used to analyse PFS and OS. Statistical analysis was made with STATA.14.

Results There were 14 men and 18 women receiving the combination. Median age was 59.4 years (range 34.4–82.7) and V600-BRAF was mutated in all patients.

Most of the patients left the treatment, and only six are still receiving it. Patients that discontinued the treatment were 25 due to progression and two due to adverse effects. The median PFS is 7.38 months (95% CI: 5.51 to 11.44). During the study, 13 patients died. The median OS is 16.23 months (95% CI: 14.52 to not reached).

Many adverse effects appeared with this combination and 38% of the patients had to reduce dose due to toxicity. Most common side effects were: fever, dermatologic effects (such as eczema, rash, oedemas), neurological toxicity (such as cephalaea, confusion, dizziness, loss of memory), visual alterations (photophobia, visual reduction) and asthaenia.

Conclusion Dabrafenib and trametinib are a good alternative for patients diagnosed with metastatic melanoma with BRAF mutation. Despite the toxicity, this is a serious conditioning for patients' life, and the results of PFS and OS are significant for patients without other options for years. More studies comparing dabrafenib and trametinib with other therapies in advanced melanoma, such as immunotherapy, are required to choose the best option for treating patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-109 POTENTIAL DRUG-DRUG INTERACTIONS INVOLVING TYROSINE KINASE INHIBITORS IN PATIENTS WITH CHRONIC MYELOID LEUKAEMIA TREATED AT A UNIVERSITY HOSPITAL

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Background Chronic myeloid leukaemia (CML) is a chronic myeloproliferative haematological disease that uses tyrosine kinase inhibitors (TKI) as treatment. The patients' quality of life has improved satisfactorily, however, the use of them bring inherent risks. Drug interactions may compromise the patient's direct safety which could be undesirable and even irreversible, causing harm to the patient's health and even leading to death. More knowledge about these drug interactions are important in structuring a specified pharmaceutical service.

Purpose To analyse the potential drug interactions (PDI) and its factors associated in patients with CML using TKI treated at a university hospital, aimed at improving patient safety.

Material and methods Cross-sectional analytical study with a sample of 101 patients. Data were collected in the patients' charts and the outcome variable was the presence of PDI, inquired in Micromedex database. Multivariate regression was performed using the Poisson multiple regression model.

Results One-hundred and five PDI were identified with a prevalence of 53.5%. Of the 43 PDI involving TKI, 19 different pairs of drug-drug interactions were observed: 13 (68%) were severe and six (32%) were moderate. The main conduct

was therapeutic drug monitoring. The most prevalent pair among the severe ones was Imatinib Mesylate with Domperidone (20%) and among the moderate ones was Imatinib Mesylate with Levothyroxine (50%). The occurrence of PDI has been shown to be associated with female sex, the chronic phase of the disease, the use of Dasatinib and the use of more than five drugs concomitant with TKI.

Conclusion Results revealed a significant number of PDI among patients with CML. In addition, they suggest associated PDI risk factors commonly reported in the literature: chronic disease, female sex and polypharmacy. An important finding was the use of TKI Dasatinib. Most interactions can compromise patient safety, which highlights the importance of this topic and the need to evaluate and monitor the cancer patient's drug therapy.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-110 SAFETY AND EFFECTIVENESS OF OBINUTUZUMAB IN CHRONIC LYMPHOCYTIC LEUKAEMIA: OUR EXPERIENCE

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Background Obinutuzumab is an anti-CD20 monoclonal antibody approved in combination with chlorambucil for patients with chronic lymphocytic leukaemia (CLL) and comorbidities, making them unsuitable for full-dose fludarabine-based therapy.

Purpose To analyse the safety and effectiveness of obinutuzumab combined with chlorambucil as first-line treatment in our hospital.

Material and methods Observational, retrospective, descriptive study. Inclusion criteria: adults (>18 years) that initiate treatment with obinutuzumab-chlorambucil. Study period: January 2017 to September 2018. Demographic variables: gender, age; clinical variables: diagnose and cumulative illness rating scale (CIRS); and therapy-related: adverse events and suspension. Safety was evaluated in all patients that received at least one obinutuzumab dose by analysing adverse events (AE) from clinical records, treatment delays and/or concomitant medication required. AE are classified following the 5.0 version of National Institute Cancer: Common Terminology Criteria for Adverse Events. Effectiveness was evaluated following International Workshop CLL; Halleck 2008 criteria a minimum of 3 months after the end of treatment.

Results Seven patients were included (four male and three female), median age: 72 years (range 67–82). Median CIRS punctuation: 9 (range 6–11). All patients received premedication with corticosteroids, antipyretic and antihistaminic to avoid infusion-related reactions (IRRs) and allopurinol as prophylaxis for tumour lysis syndrome.

During the first infusion, two patients presented hypertension, abdominal pain and cold as grade 1–2 IRRs requiring temporary interruption. IRRs were not recorded in the following perfusions.