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

¹N Dewulf*, ²ACF Modesto, ²NA Sousa. ¹Pharmacy School – Federal University of Goiás, Research Laboratory in Health Teaching and Services, Goiânia, Brazil; ²Clinical Hospital of Federal University of Goiás, Pharmacy Division, Goiânia, Brazil

10.1136/ejhp-2019-eahpconf.258

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

Rodrigues A, Cruz A, Marialva M, *et al.* Clinical pharmacist contribution to profile and manage potential drug interaction in intensive care unit. *Euro J Hosp Pharm: Sci Pract* 2012;19:226.

No conflict of interest.

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

C Fernandez Cuerva*, C Ortega de la Cruz, JC del Rio Valencia, B Mora Rodriguez, I Muñoz Castillo. Hospital Regional Universitario de Málaga, Servicio de Farmacia, Málaga, Spain

10.1136/ejhp-2019-eahpconf.259

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.

Four patients presented haematologic toxicity, grade 3 neutropenia, requiring G-CSF, treatment delay was only required in one of them.

Other AE: grade 2 anaemia treated with erythropoietin (n=1), grade 2 thrombocytopenia (n=1), respiratory infections (n=2; one patient with hypogammaglobulinaemia previous to treatment required hospital admission and treatment suspension).

By the time the study was finished, effectiveness was evaluated in four up to six patients that finished treatment: complete response (n=3) and partial response (n=1).

Conclusion In our experience, the obinuzumab-chlorambucil scheme presented a good safety profile in patients with comorbidities. The main AE were IRRs: limited to first administration that did not require treatment suspension; and neutropaenia, which was the most frequent haematologic toxicity.

Regarding response, a continuous monitoring is necessary to confirm long-term effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-111 TREATMENT OF FOLLICULAR LYMPHOMA IN ROUTINE CLINICAL PRACTICE

¹A Ferrer Machín*, ²MM Viña Romero, ²I González Pérez, ³F Gutiérrez Nicolás, ²E Ramos Santana, ²E Gómez Melini, ²S Hernández Rojas, ²M Vera Cabrera, ²R Mesa Expósito, ²J Merino Alonso. ¹Hospital Pharmacist, Pharmacy Service, Santa Cruz de Tenerife, Spain; ²Hospital Nuestra Señora la Candelaria, Pharmacy Service, Santa Cruz de Tenerife, Spain; ³Hospital Universitario de Canarias, Pharmacy Service, La Laguna, Spain

10.1136/ejhp-2019-eahpconf.260

Background Rituximab (R) plus chemotherapy, most frequently the combination of cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) or bendamustine (B), is the standard of first-line treatment for patients with follicular lymphoma.

Purpose The objective was to carry out a descriptive analysis of the use of R-CHOP and R-B in a hospital of the third level of care.

Material and methods Descriptive study, which included patients with LF who were treated with R-CHOP or R-B as the first line of treatment between 2015 and 2018.

We made a retrospective data collection through computerised medical records (Selene).

The main variables of the study were the appearance of the event, which was defined as progression or toxicity, and the classification of the patients according to the FLIPI criteria before starting the treatment.

A descriptive analysis was carried out where the qualitative variables were expressed as a percentage and the numerical variables as mean $\pm$ standard deviation (SD).

The analyses were carried out through the statistical program SPSS/PC (version 24.0 for Windows, SPSS, Inc., Chicago, IL).

Results The study included 49 patients diagnosed with follicular lymphoma between 2015 and 2018. Fifty-nine per cent were women and the mean age was 65 ± 12 years. The average weight was 76 ± 20 kg, the average size was 164 ± 10 cm and the average body surface area was 1.80 ± 0.22 m². Sixty-five per cent of the patients were treated with R-B and the rest with R-CHOP. Sixty-one per cent were treated by the medical oncology service and the rest by clinical haematology. Forty-four per

cent had an intermediate-low FLIPI and the rest high FLIPI. The event was presented in six patients, of which four were classified with high FLIPI. Of the six patients who presented with the event, there were four deaths, of which all had high FLIPI. Half of the events occurred in patients treated with R-CHOP and the other half in patients treated with R-B and the same as occurred with death.

Conclusion The number of events was higher in those patients who had high FLIPI. In addition, of the four deceased, all had high FLIPI. Both events and death occurred in the same proportion regardless of the treatment used. There is a tendency to present the event in patients with high FLIPI but that it does not depend on the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-112 ASSESSMENT OF AGGRESSIVE CARE IN ONCOLOGY PATIENTS AT THE END OF LIFE IN CLINICAL PRACTICE

¹E García Martín*, ¹V Escudero Vilaplana, ¹R Collado Borrell, ¹E González-Haba Peña, ¹B Marzal Alfaro, ²B Fox, ¹A Hoyo Muñoz, ¹PA Martínez Ortega, ¹MÁ Amor García, ¹A Herranz Alonso, ¹M Sanjurjo Saéz. ¹General University Hospital Gregorio Marañón, Pharmacy Department, Madrid, Spain; ²General University Hospital Gregorio Marañón, Oncology Department, Madrid, Spain

10.1136/ejhp-2019-eahpconf.261

Background The correct management of oncology patients at the end of life, with less aggressive interventions and open access to hospice care, affects their quality of life. Earle *et al.* carried out a study to identify quality of life indicators at the end of life for cancer patients.

Purpose To evaluate the aggressive care in oncology patients at the end of life in clinical practice according to Earle indicators.

Material and methods An observational, longitudinal and retrospective study was conducted at a tertiary hospital. Eligible patients were at least 18 years old, had a diagnosis of solid tumour in treatment with anti-cancer treatment at inclusion time (from August 2015 to July 2016). Patients were followed-up until 31 July 2017 and they were selected if they had death during the follow-up period.

We evaluated the aggressiveness of care using Earle *et al.* indicators. The variables registered were: sociodemographic, clinical, pharmacotherapeutic, date and place of death, and healthcare services provided.

Data were analysed using STATA®v14.2 program.

Results Three-hundred and fifteen patients were included (mean age: 65.9 years (SD:12.6) (and 56.8% male). 91.1% of patients had metastasis and 20.1% registered ECOG ≥ 2 at the beginning of the last line of treatment. 39.8% had received ≥ 3 lines of treatment.

Indicators:

- 12.7% received chemotherapy in the last 14 days of life (limit $\geq 10\%$). It was associated with age and cancer diagnostic ($P < 0.05$).
- 10.5% started a new chemotherapy regimen in the last 30 days of life (limit $\geq 2\%$). It was associated with ECOG ($P = 0.041$).
- 17.8% had multiple hospitalisations or emergency room visits or were admitted to the Intensive Care Unit in the last month of life (limit $\geq 4\%$).
- 43.8% died in an acute care institution (limit $\geq 17\%$).