

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

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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

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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 $\geq 17\%$).