4CPS-117 DOSE BANDING – OPTIMISING DOSES IN CETUXIMAB OR BEVACIZUMAB REGIMENS

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Background The dosage of antineoplastic drugs has been historically based on body surface area or patient's weight.

Lack of resources and increased workload at an Onco-Haematology Day Hospital (ODH) are leading to the development of new strategies to optimise the processing. One of those approaches is the dose-banding (DB) method.

Purpose Calculate Cetuximab (Cet) and Bevacizumab (Bev) doses using the DB method;

Compare initially calculated doses (ICD) with those obtained through DB and assess the economic impact.

Material and methods All ODH patients with ≥18 years, Cet prescription from November 2017 to August 2018 or Bev from January 2018 to August 2018 were included. Patients with <45 kg or >100 kg were excluded.

The ICDs were initially calculated according to the summary of product characteristics. Then, using National Health Service England DB tables, ICDs were adjusted to a dose obtained by DB (DDB). The range recommended for dose adjustments is 5%–10%.

ICDs and DDBs were recorded.

Using the average price of the drug in our hospital, expenditures made with and without DB were calculated.

Results Doses for 150 preparations of Cet and 406 preparations of Bev were calculated.

For Cet, the DDB were 2.8% lower than ICD, so less drug was used, which represents savings of € /16,409/year.

Regarding Bev, the DDB were 3.1% lower than ICD, which generates savings of € /63,343/year.

Conclusion We found that the introduction of DB to have a noteworthy impact on oncology service total expenditures.

Dose adjustments made were within the recommended range. The method has been used in Europe which has studies that support its applicability.

In our ODH there is a policy of using one vial for more than one patient, so the estimated savings may be slightly lower.

Additionally, DB adds another factor of variability to the final dose that will be administered to the patient.

The DB promotes rational drug use.

This may be a future approach to other drugs in onco-haematology.

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No conflict of interest.

4CPS-118 EXPERIENCE OF DUAL TARGETING USE OF NEOADJUVANT HER2-POSITIVE BREAST CANCER

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Background Neoadjuvant chemotherapy is the treatment of choice in locally advanced breast carcinoma. Pertuzumab is approved in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2 positive breast cancer.

Purpose To evaluate the complete pathological response rate (pRC) obtained after therapy in combination with pertuzumab in our hospital.

Material and methods Retrospective descriptive study of patients with confirmed diagnosis of HER2 positive breast cancer in treatment with pertuzumab in combination with trastuzumab and taxanes as neoadjuvant treatment (March 2017 to September 2018). Efficacy endpoint was the complete pathological response (pCR) that was related to efficacy and with a longer long-term survival. Adverse effects (AE) were collected for safety profile assessment.

Results Twenty-eight patients were analysed. The median age was 50 years (31–74). All patients had an initial ECOG 0–1. Sixty-three per cent had positive hormone receptors. The mean LVEF of patients at the beginning of the treatment with pertuzumab was 61%. Of the total, n=25 received chemotherapy treatment with AC at dense doses for four cycles prior to the taxane sequence, two patients received TCH and one patient received FEC. Dose reduction was performed in 18% of patients. Paclitaxel weekly for 12 cycles was the taxane level administered in combination with pertuzumab and trastuzumab in 93% of the cases. Radiotherapy and hormone therapy were used when necessary. In general terms, pertuzumab in combination with trastuzumab and taxanes was well tolerated, with AE grade 1–2 such as neurotoxicity, nausea and diarrhoea. No adverse events in grade 3–4 were recorded. Currently, 17 patients have been operated on: in 13 cases with pRC, in three patients there was a Miller and Payner grade 4 response and in one patient grade 3. The rest of the patients will have surgery soon.

Conclusion The data obtained so far are quite encouraging because of the good pRC rate obtained. However, we must treat them with caution due to the low number of patients who have received treatment up to now. But this treatment is going to improve the prognosis of the disease with a tolerable toxicity profile.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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4CPS-119 EXPERIENCE OF NAB-PACLITAXEL AND GEMCITABINE USE IN METASTATIC PANCREATIC CANCER

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Background Nab-paclitaxel is approved for first-line treatment of patients with metastatic pancreatic cancer (mCP).

Purpose To evaluate the efficacy and safety of treatment with nab-paclitaxel and gemcitabine in patients with mCP.

Material and methods Retrospective observational study of mCP patients treated with nab-paclitaxel and gemcitabine