during the past 5 years. Collected variables: age, sex, ECOG, adjuvant chemotherapy, treatment line, dose reduction and adverse events (AE). Efficacy endpoints were progression-free survival (PFS) and overall survival (OS) obtained by the Kaplan–Meier method. Adverse effects (AE) were collected for safety profile assessment. Descriptive statistical analysis was performed using the SPSS Statistics program V22.0.

Results Forty-seven patients (30 men and 17 women) were included. The median age was 59 years (29–82). At the beginning of the treatment, more than 80% presented ECOG 0–1; 23.4% had received previous adjuvant chemotherapy (gemcitabine and/or fluoropyrimidines). They were treated with nab-paclitaxel 125 mg/m² and gemcitabine 1000 mg/m² on days 1, 8 and 15 every 28 days. In 89.4% of the patients it was prescribed as first-line treatment. Dose reduction was performed in 68.1%. The median duration of treatment was 4.5 months (0.5–22.9), with four long survivors (longer than 15 months). The median PFS was 9.1 months (95% CI 8.36 to 9.73) and the median OS was 9.11 months (95% CI 4.0 to 14.2). Eighty-three per cent of patients (n=39) had AE of some grade and 17% (n=8) of grade 3–4. The most common AE were: asthenia (n=17), neutropenia (n=16), thrombocytopenia (n=15), neuropathy (n=13), alopecia (n=5), diarrhoea (n=7), mucositis (n=3), vomiting (n=3), oedema (n=3) and dermatitis (n=2). These were grade 3–4: neutropenia (n=7), thrombocytopenia (n=4), mucositis (n=1), alopecia (n=1) and neuropathy (n=1). The causes of treatment discontinuation were mainly due to progression in 42.6% and deterioration of general health in 29.8%. At the end of the study, five patients continued treatment.

Conclusion The PFS obtained in our study is greater than those described in the pivotal trial MPACT or CA046. This difference may be due to the four patients with a considerably longer treatment than the average and a small sample. Regarding OS, there are no significant differences with the pivotal trial. The AE described were similar to those published in the literature.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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4CPS-121 COST-MINIMISATION ANALYSIS OF MAINTENANCE THERAPY OF ANTINEUTROPHIL CYTOPLASM ANTIBODY-ASSOCIATED VASCULITIDES

AB Guisado Gil, IM Muñoz Burgos*, 1FJ Baustista Paloma, 2FJ Garcia Hernandez, 1B Santos Ramos. 1Hospital Universitario Virgen del Rocio, Hospital Pharmacy, Seville, Spain; 2Hospital Universitario Virgen del Rocio, Internal Medicine, Seville, Spain

Background The use of rituximab as maintenance treatment of antineutrophil cytoplasm antibody-associated vasculitides (AAVs) was supported by the MAINRITSAN trial. MAINRITSAN2 was a randomised, open-label, multicentre phase III trial which evaluated the difference between an individually tailored and a fixed-schedule maintenance therapy with rituximab. We found a large number of studies evaluating rituximab as a maintenance treatment in AAVs, but only a few looked at economic considerations. This cost-minimisation analysis (CMA) provides the best data available to date on the cost-saving option between a tailored-therapy and a fixed-schedule regimen with rituximab for the maintenance treatment of AAVs.

Purpose The present study used a cost-minimisation approach to examine the real-world costs of an individually tailored therapy compared to a fixed-schedule therapy with rituximab for remission maintenance of AAVs.