Abstract 4CPS-125 Table 1

	GRADE	CPC n (%)	5-FU n (%)
Anorexia	G1-2	4 (12.5)	8 (18.2)
	G≥3	0 (0.0)	0 (0.0)
Diarrhoea	G1-2	7 (21.9)	15 (34.1)
	G≥3	1 (3.1)	0 (0.0)
Dysgeusia	G1-2	1 (3.1)	2 (4.6)
	G≥3	0 (0.0)	0 (0.0)
Fatigue	G1-2	14 (43.8)	19 (43.2)
	G≥3	0 (0.0)	0 (0.0)
Haematologic alteration	G1-2	0 (0.0)	2 (4.6)
	G≥3	0 (0.0)	0 (0.0)
Maculopapular rash	G1-2	1 (3.1)	2 (4.6)
	G≥3	0 (0.0)	0 (0.0)
Mucositis	G1-2	2 (6.3)	3 (6.8)
	G≥3	0 (0.0)	0 (0.0)
Nausea/vomiting	G1-2	3 (9.4)	5 (11.4)
	G≥3	0 (0.0)	0 (0.0)
PPE	G1-2	4 (12.5)	3 (6.8)
	G≥3	1 (3.1)	1 (2.3)
Administration	–	–	2 (4.6)

Conclusion While the CPC group had a lower incidence of AE except for PPE, they had more dose reduction and treatment interruption. A posterior analysis showed that dose reduction and treatment interruption in the CPC group happened in the last week of treatment. In disagreement with previous studies, 5-FU patients had a higher incidence of diarrhoea.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-126 EFFECTIVENESS AND SAFETY OF NAB-PACLITAXEL IN PATIENTS WITH METASTATIC ADENOCARCINOMA OF THE PANCREAS IN A REAL-WORLD SETTING

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10.1136/ejhp-2019-eahpconf.275

Background Nab-paclitaxel was approved for the treatment of metastatic adenocarcinoma of pancreas (mPAC), as a first treatment in combination with gemcitabine

Purpose To evaluate the effectiveness and safety of nab-paclitaxel in patients with mPAC in a real-world setting.

Material and methods Retrospective observational study of mPAC patients treated with nab-paclitaxel 125 mg/m²+gemcitabine (March 2013 to September 2018). Variables: age, sex, ECOG, treatment line, number of cycles and dose reduction. Efficacy endpoints: progression-free survival (PFS) and overall survival (OS). For safety profile assessment, adverse effects (AE) that forced a dose reduction or treatment suspension were collected, also hospital recovering caused by nab-paclitaxel toxicity.

Results Thirty-six patients were included, 56% males. Average age: 64±10 years. Thirty-three per cent started with

ECOG 0% and 67% with ECOG≥1. The treatment lines were: first (47%), second (36%) and ≥third (17%). The average number of cycles was 3.7±2. The median duration of treatment was 16 weeks (95% CI: 11 to 22). The median OS was 36 weeks (95% CI: 24 to 47), data for 33% of the patients was censored. The median PFS (mPFS) was 20 weeks (95% CI: 11 to 30). mPFS was compared in different groups: 33 weeks versus 20 in the first line compared to second or later lines (p=0.443) and 24 weeks versus 20 in ECOG 0 patients compared to ECOG≥1 (p=0.295).

Dose reduction was performed in 72% of patients. Causes: neurotoxicity (38%), blood toxicity (58%), poor tolerance to previous cycles (8%) and bad performance (3%). Sixty-one per cent of patients were hospitalised because of nab-paclitaxel toxicity and nine had to discontinue treatment because of neurotoxicity (n=3), blood toxicity (n=2), performance worsening (n=3) and hepatic toxicity (n=1).

Conclusion The results obtained in our study are consistent with the ones obtained in the pivotal trial: mOS 36 versus 34 weeks, mPFS 20 versus 22 weeks, duration of treatment 16 versus 16 weeks. The results of PFS seem to be better when nab-paclitaxel is used as a first line and in patients with ECOG 0, but the differences are not statistically significant (p=0.443, p=0.295). A bigger sample would be needed to confirm all results. The AE described were similar to those published in the literature.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-127 DEVELOPMENT OF A STRATIFICATION MODEL FOR AMBULATORY ONCOLOGY PHARMACY PATIENTS

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10.1136/ejhp-2019-eahpconf.276

Background To our knowledge, there is no pharmacy stratification model for patients in the oncology ambulatory setting.

Purpose To develop a tool to stratify oncology patients that helps us to implement ambulatory clinical pharmacy services.

Material and methods Phase I: a literature review was performed to identify risk factors for hospital admissions or emergency department (ED) visits in oncology patients and patients with care coordination requirements. Phase II: a panel of experts selected the variables of the model based on their impact on clinical pharmacy services and the feasibility of obtaining the data. Relative weight of each of the variables was assigned. Phase III: the stratification model was retrospectively tested on the population of patients that received care in the unit on a random day (13 June 2018). Three cut-offs were established to provide different levels of patient needs.

Results The variables were categorised under four domains (table 1).