Abstract 4CPS-127 Table 1

	Variable	*Weight*
Patient characteristics	Age >65 years	1
	ECOG>1	1
	Body mass index <20.5	1
	Pregnancy/breastfeeding	Highest priority
	Patient included in the regional programme for complex chronic needs – PCC/NIA	Highest priority
Treatment-related variables	Number of chronic medications >6	1
	Ambulatory high-risk drug	2
	High-emetic risk chemotherapy	1
	Oral antineoplastic agent	Highest priority
Clinical variables	Gastrointestinal tumour	1
	Chronic diseases	2
	Treatment line >1	1
Previous utilisation of resources	ED visit or hospital admission in the previous 30 days	1

The model was tested on a population of 43 patients (48.8% were male; median of age: 64 (IQR:52–73) years; median of ECOG=1 (IQR:0–1)). Patients were on six (IQR: 3.5–10) drugs, and 20 (45.5%) patients took one or more high-risk ambulatory medications. Eleven (25.6%) patients had one or more chronic diseases. Only one patient was identified as PCC/NIA. Three patients were treated with oral antineoplastic agents. Five (11.6%) patients visited the ED or were admitted to hospital in the past 30 days, while 12 (27.9%) were in the following 30 days. The distribution by categories was as follows: high priority (12–8 points; four patients), medium priority (7–5 points; 12 patients) and low priority (4–0 points; 27 patients).

Conclusion The model can be a useful tool for detecting patients that could benefit from clinical pharmacy services, although it needs further validation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-128 ADEQUACY OF NIVOLUMAB AND PEMBROLIZUMAB IN NON-SMALL-CELL LUNG CANCER

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Background Between 2016 and 2017 the National Agency of Medicines and Medical Devices regulated the use of nivolumab and pembrolizumab for the treatment of non-small-cell lung cancer (NSCLC).

In clinical trials conducted, patients with ECOG 0–1 and a life expectancy of at least 3 months were included since the benefit of immunotherapy can be delayed and even present a response after progression (pseudo-progression).

Purpose To analyse characteristics of patients with NSCLC treated with nivolumab and pembrolizumab for less than 3 months at our centre.

Material and methods Observational descriptive study was conducted. Patients diagnosed with NSCLC treated for less than 3 months (with six or less cycles of nivolumab and four or less cycles of pembrolizumab) from the approval date of these drugs until October 2018 were included.

Data from clinical and pharmacotherapeutic records was collected: age, sex, ECOG, histology, brain metastases, PDL-1 expression, number of previous lines, time elapsed since previous treatment if any and reason for discontinuation.

Overall survival (OS) and progression-free survival (PFS) medians were calculated with SPSS 22.0 using the Kaplan–Meier method.

Results Sixty-two patients were included (males 64.5%, mean age 68±9.7), 82.1% ECOG 0–1, 75.4% non-squamous histology and 14.5% with brain metastases). PDL-1 expression was positive in 100% of patients treated with pembrolizumab and in 4.8% of those treated with nivolumab (57.1% of them without determination).

75.8% had received previous treatment, 61.7% of them in less than 3 months and with less than three previous lines (97.2%). Forty-one patients were treated with pembrolizumab and 21 with nivolumab. The median treatment duration was 42 days (3–115).

Seven patients discontinued due to drug toxicity.

The global median OS and PFS were 361.5 and 61.5 days, with no statistically significant differences between both treatments (p=0.191 and p=0.279 respectively).

Conclusion With the aim of improving the rational use of medicines and optimising results, these findings encourage us to carry out studies with a larger sample of patients in order to select the patients who would benefit most from these therapies.

The possible presence of pseudoprogression in those who did not reach at least 3 months of treatment constitutes a limitation on observing the possible clinical benefits.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-129 CHEMOTHERAPY NEAR THE END OF LIFE IN ONCO-HAEMATOLOGICAL ADULT PATIENTS

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Background The use of chemotherapy close to the end of the life is not advisable, especially when the probabilities of improvement are limited. The intensity of anticancer treatment at this stage has been suggested as one of the factors influencing quality of life. Data at a European level are scarce, but show signs of overly aggressive treatment.

Purpose To analyse the proportion of patients receiving chemotherapy within the last 2 weeks of life in a Haematology and Oncology setting. To describe the clinical variables of the patients receiving chemotherapy at the end of life, including the type of treatment.

Material and methods A retrospective observational study was conducted in a tertiary hospital. Electronic records were used (HCIS, HospiWin).

Adults aged 18 or older, who died of an onco-haematological neoplasia between 1 April 2017 and 30 March 2018 were included. We assessed the use of chemotherapy over the course of the last 14 days of life, defined as the administration of at least one dose of chemotherapy (including oral targeted therapies and biotherapy). Gender, age, prescribing unit, primary malignancy, last type of treatment (chemotherapy, biotherapy or both), route of administration (parenteral, oral) and temporal interval between the last chemotherapy administration and death of the patient were collected.

For descriptive analysis, the statistical program SPPS version 23.0 was used.

Results A total of 298 patients died between the prespecified period in the Haematology and Oncology units, of whom 60.4% were male, with a median age of 65±13 years (range 30–87). The hospital unit of origin was Oncology for 86.9% (n=259) and Haematology for 13.1% (n=39) of the cases. Tumours with the highest number of deaths were lung (24.4%), breast (15.4%) and colon (9%).

A total of 28.2% (n=11) of haematological and 25.9% (n=67) of oncological patients received chemotherapy during the last 14 days before death. Overall rate was 26.2% (n=78). In these patients, the most widely used therapeutic regimen was classic chemotherapy, administered in 79.5% of patients (67.7% intravenous treatment).

Conclusion The outcomes confirm that the proportion of patients receiving chemotherapy in the last 14 days of life is high, showing excessive aggressiveness at the end-of-life care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-130 PALBOCICLIB COMBINED WITH HORMONAL THERAPY FOR METASTATIC BREAST CANCER TREATMENT

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Background The first-in-class oral inhibitor of cyclin-dependent kinases 4 and 6 (CDK4/6) palbociclib, combined with hormonal therapy, is a new standard of treatment in the first and second line for hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) metastatic breast cancer (mBC).

Purpose To describe the effectiveness and safety of palbociclib combination therapy for mBC in clinical practice.

Material and methods Retrospective and observational study in which the effectiveness and safety of palbociclib was tested by reviewing medical and pharmaceutical records of all patients treated with the drug from December 2015 until April 2018 in a tertiary hospital. Dispensation data was obtained from the Pharmacy Department's software, Farmatools. Collected data included: age, ECOG performance status, number of cycles received, duration and prior lines of treatment. Effectiveness endpoint was progression-free survival (PFS) according to RECIST version 1.1. Adverse events (AEs) related to treatment with palbociclib and registered in the patient's medical records were included in the study. Toxicity was evaluated as defined by the NCI-CTCAE, version 4.0.

Results

Abstract 4CPS-130 Table 1

Patients	n (%)
Female	29 (100%)
Age (mean)	57 (38–71)
ECOG	
0	23 (79.3%)
1	4 (13.8%)
2	2 (6.9%)
Phenotype	
Luminal A	5 (17.2%)
Luminal B	24 (82.8%)
Menopausic stage	
Peri	5 (17.2%)
Post	24 (82.8%)
Concomitant hormonal therapy	
Fulvestrant	17 (58.6%)
Aromatase inhibitor	12 (41.4%)
Naive	
Yes	6 (20.7%)
No	23 (79.3%)
N of prior lines (mean)	1 (0–10)
Initial dose	
125 mg	29 (100%)
Dose reductions	
Yes	14 (48.3%)1
No	5 (51.7%)
Suspension/cause	
Progression	9 (31.0%)
Toxicity	1 (3.5%)
N° cycles (mean)	9 (1–21)
Median treatment duration (95% CI) (months)	6.3 (0.1–19.2)
Median PFS (95% CI) (months)	7.7 (0.1–19.2)

Abstract 4CPS-130 Table 2

Adverse events	Frequency n (%)	Grade 1 2 ≥3
General		
Asthaenia, fatigue	10 (34.5%)	4 1 2
Headache		3
Gastrointestinal		
Nausea	8 (27.6%)	4 2
Constipation		2
Haematological		
Neutropaenia	16 (55.2%)	4 12
Skin and mucous membranes		
Alopecia	9 (31.0%)	2
Mucositis		4
Dermatitis		1 2
Infections		
Urinary tract infection	4 (13.8%)	2
Tonsillitis		1
Sepsis		1