

form, as a routine document, circulating between patient, doctor and pharmacist.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-133 DARATUMUMAB (DARZALEX) FOR THE TREATMENT OF MULTIPLE MYELOMA IN A THIRD-LEVEL HOSPITAL: VARIABILITY OF USE AND EFFECTIVENESS

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Background Daratumumab is a human monoclonal antibody that binds to CD38 protein, expressed in a high level in the tumour cells of multiple myeloma (MM), inhibiting their proliferation. It has been authorised in combination with bortezomib, melphalan and prednisone for newly diagnosed MM not candidates for an autologous haematopoietic stem cell transplant or in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for patients who have received at least one previous treatment and in monotherapy for adult patients with MM relapsed and refractory to treatment, who have previously received a proteasome inhibitor and an immunomodulatory.

Purpose Assessment of prescription profile of Daratumumab for the treatment of MM in a third-level hospital and the effectiveness of different regimens in terms of progression-free survival (PFS).

Material and methods Retrospective review of patients with MM who received treatment with Daratumumab from February 2017 to October 2018. Data were collected from the electronic prescribing system for Oncology Haematology patients, and electronic medical records.

Results Ten patients received treatment with Daratumumab (60% males, 40% females, median age 68 years).

DLd (daratumumab 16 mg/kg, lenalidomide 10 mg or 25 mg, dexamethasone 40 mg) every 28 days was prescribed for five patients (50%), one as first-line, one as second-line and three as third-line treatment. Median PFS was 10 months for the group of patients treated.

Daratumumab 16 mg/kg monotherapy weekly every 28 days was prescribed for two patients (20%) both as third-line treatment and who died after 1 month of treatment.

DABODEX regimen (Daratumumab 16 mg/kg, bortezomib 1.3 mg/m², dexamethasone 20 mg) every 28 days was prescribed for three patients (30%), one as first-line treatment, one as second-line and one as third-line. Median PFS was 6 months in this group.

Conclusion Prescription profile of Daratumumab for the treatment of MM in our series of patients is variable, with different scenarios of treatment and different results in terms of PFS.

It is mandatory to update protocols in the use of daratumumab in our hospital to measure its use among different drug options, most importantly with promising therapeutic advances recently authorised for MM treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://www.ema.europa.eu/documents/product-information/darzalex-epar-product-information_es.pdf

No conflict of interest.

4CPS-134 HEALTH-RELATED QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS TREATED WITH DISEASE-MODIFYING THERAPIES

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Background The Multiple Sclerosis Quality of Life-54 (MSQoL-54) questionnaire is a multidimensional health-related quality of life (HRQoL) measure that combines both generic and MS-specific items into a single instrument. It provides physical health composite score (PCS) and mental health composite score (MCS) expressed on a scale of 0 (poorest QoL) to 100 (best possible QoL).

Purpose To evaluate HRQoL calculating PCS and MCS. To analyse differences in HRQoL considering Expanded Disability Status Scale (EDSS) and disease modifying therapies (DMTs). Disability was considered mild with EDSS (0–3.5) and moderate with EDSS (4–6.5).

Material and methods Prospective study from March to September 2017. MS patients treated with DMTs completed MSQoL-54. Clinical data were collected from electronic medical records. DMTs were classified considering route of administration: intravenous (IV, Natalizumab), oral (Fingolimod, Dimethylfumarate, Teriflunomide) and intramuscular (IM) +subcutaneous (SC): Interferon (IFN) +Glatiramer Acetate (GA). Statistical analysis was made with Wilkinson Test and tstudent *t*-test using SPSS 15.0.

Results One-hundred and twenty-two patients completed the questionnaire (74% female). Median age was 43.5 (IQR: 37–52.7); 93% of patients had relapsing-remitting MS. Median disease duration was 8.5 years (IQR: 5–13). Eighty per cent had mild EDSS and 20% had moderate EDSS. Seventy-one were treated with IM+SC DMT, 32 with oral and 19 with IV. Median EDSS were: 1.5 (IQR: 1–2) in IM+SC group, two (IQR: 1–2,5) in oral group and three (IQR: 2–4,5) in the IV group. Statistically significant differences in PCS ($p < 0.003$) and MCS ($p < 0.01$) were found in patients with mild and moderate EDSS in all groups of treatment. Differences were found in PCS ($p < 0.03$) between IV and IM+SC and MCS ($p < 0.01$) between the IV and the other groups. Considering both EDSS and DMT route of administration, there were no differences in PCS: MCS significance was found just in mild EDSS ($p < 0.01$).

Conclusion Mild and moderate EDSS affected HRQoL in both PCS and MCS.

Considering the route of administration, there were differences in PCS between Natalizumab and IFN+GA group and in MCS between Natalizumab and the rest. This could be explained due to higher EDSS in Natalizumab patients.

Analysis including disability and route of administration showed statistical significance just in MCS in patients with mild EDSS.

Disability degree negatively affected HRQoL independently of DMT route of administration.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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