adverse reactions (AR) such as aseptic meningitis (AM) are described in the product information (PI).

**Purpose** To describe and analyse five cases of AM in patients treated with IVIg in our centre.

**Material and methods** A literature search was conducted on the AR of IVIg. The case analysis was established using the Karch–Lasagna algorithm.

**Results** There were five cases notified of AM in a 3 month period (80% females). Clinical manifestations included headache, fever, nausea and vomiting, and in some cases photophobia. Symptoms usually commenced within 48 hours after infusion. In all cases lumbar puncture was compatible with AM. Two patients had to be hospitalised due to AM, one of them prolonged hospitalisation.

All patients received IVIg of the same brand, presentation and even some of the same batch. All of them received an individualised administration form prepared by the pharmacist including premedication information and the rate of administration of the IVIg calculated according to patient weight and PI.

The Karch–Lasagna algorithm in these cases established a possible causal relationship between IVIg and the occurrence of AM.

Every case reported had a neurological-based pathology: myasthaenia gravis, nystagmus, multiple mononeuropathy, Parsonage–Turner syndrome and sensitive-motor polyneuropathy. Nevertheless, in our centre the other five patients with no neurological pathology received the same presentation and batch of IVIg during the same period and did not present AM. The analysis leads us to suspect that patients with basic neurological diagnosis have a higher risk of suffering from AM.

The preventive measures adopted were to reduce the speed of individualised administration and to insist that good hydration is important in preventing this adverse effect.

**Conclusion** IVIg have demonstrated efficacy and a good safety profile in clinical trials. However, possible AR due to its use can be observed. The role of the pharmacist is important in the individualised information by patients concerning the administration of immunoglobulins. In order to reduce the incidence of AM, it is suggested to start the initial infusion at a slow rate, prehydration and premedication therapy.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

---

**5PSQ-046** Efficacy and Safety of Panitumumab in Metastatic Colorectal Cancer Treatment

MS Aldrina-Taha*, A Planas-Giner, MÁ Pérez-Quirós, R Rodríguez Mauriz, N Almendros Abad, L Bomas Trias, C Seguí Solanes, N Rudi Sola. Hospital General de Granollers, Hospital Pharmacy, Barcelona, Spain

**Background** The use of panitumumab in the treatment of metastatic colorectal cancer (mCRC) remains controversial because of its risk/benefit profile.

**Purpose** The aim of this study was to investigate the efficacy and safety of panitumumab in patients with wild-type KRAS gene in the treatment of mCRC.

**Material and methods** For this retrospective and observational study, patients diagnosed with mCRC treated with panitumumab monotherapy and in combination with chemotherapy during the period from January 2009 to March 2017 were selected.

Only patients treated with panitumumab for a period longer than 12 weeks were included in the study.