

five received palbociclib in combination with an aromatase inhibitor and four with fulvestrant. The median number of cycles received per patient was 4.5 (3–7). All presented neutropaenia in G3 (78%) or G1–2 (22%), experienced it after the first 15 days of treatment and although recovered, reappeared in ulterior cycles, leading to various discontinuations in seven patients (delays or interruptions of 7–14 days). Sixty-six per cent required dose reductions down to 100 or 75 mg, but no one had to stop treatment. Other AE with an incidence <24% were: rash and stomatitis G2, asthaenia, diarrhoea, leucopaenia and anaemia G1. No infections were reported.

**Conclusion** In clinical practice, the proportion of patients affected by neutropaenia was higher than in CT, with a 23% more incidence of G3. Close monitoring contributed to managing neutropaenia and preventing ulterior infections. In the future, it would be interesting to evaluate if discontinuations or dose reductions of palbociclib affect its efficacy.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 5PSQ-049 ATEZOLIZUMAB: EFFICACY AND SAFETY IN ADVANCED NON-SMALL CELL LUNG CANCER

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**Background** Results of the OAK study demonstrated that atezolizumab improved median overall survival and progression-free survival of patients with advanced non-small cell lung cancer (NSCLC).

**Purpose** Evaluate the efficacy and safety of atezolizumab treatment in patients with metastatic or advanced NSCLC in second and successive lines.

**Material and methods** Retrospective observational study in which patients with NSCLC were included who started treatment with atezolizumab in the second or successive line, during the period from April to September 2018. Data were collected on demographic variables (age and sex) and clinical variables (ECOG, smoking habit, previous chemotherapy, dose, number of cycles and adverse reactions) through clinical history (Selene) and the oncological prescription program (Farmatools). The descriptive statistical analysis was carried out through the SPSS vs22.0 program. Efficacy was evaluated in terms of progression-free survival (PFS) and overall survival (OS), calculated by the Kaplan–Meier method. To assess safety, the severity of adverse events (AA) was measured according to CTCAEv4.0.

**Results** We analysed 14 patients, 9 males and 5 females. Ninety-three per cent were smokers or ex-smokers, and 7% had never smoked. Eleven patients had ECOG 0–1 and three ECOG 2 and 93% had metastases at the start of treatment with atezolizumab. All patients had received prior platinum-based chemotherapy as first-line treatment. The dose administered was 1200 mg every 3 weeks and the average of cycles was four. The median of PFS was 4.8 months (95% CI: 1.0 to 8.6) and the average of OS 4.5 months (95% CI: 3.6 to 5.4). 57.14% of the patients presented some AA of any degree and only 12.5% were grade 3–4. The most frequent

were renal failure (37.5%), diarrhoea (25%), rash (25%), hypersensitivity (12.5%), thrombocytopenia (12.5%), lung infection (12.5%), oedema (12.5%), emesis (12.5%) and decreased appetite (12.5%)

**Conclusion** The efficacy in terms of OS obtained was lower than that of the OAK study (13.8 months). However, when the PFS was analysed in our study, it was superior to that of the OAK study (PFS 2.8 months). In general, atezolizumab presents an acceptable safety profile, the most frequent AEs coincide with those described in the literature.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 5PSQ-050 TOXICITY WITH 5-FLUOROURACIL AND IRINOTECAN: INTEREST OF GENOTYPING IN PATIENT CARE

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**Background** Twenty-five per cent of patients treated by 5-fluorouracil and 40% treated by irinotecan had serious adverse events (SAE).<sup>1</sup> Forty per cent of 5-fluorouracil toxicities are due to a partial deficit of dihydropyrimidine dehydrogenase (DPD). Fifteen per cent of caucasians also have a uridine diphosphate glucuronosyltransferase 1A1 (UGT1A1) enzymatic polymorphism. When one of these deficits exists, patients require chemotherapy dosage adjustment in order to limit haematological and/or digestive toxicities. This year, new recommendations from our National Health Institute have been issued concerning the systematic prospective genotyping of DPD. Despite numerous SAE, this preventive genetic research is not systematically performed by oncologists.

**Purpose** This study highlights the medico-economic interest of the genetic screening for DPD and/or UGT1A1 deficits before the initiation of chemotherapy with 5-fluorouracil and/or irinotecan in order to optimise patients' therapeutic care.

**Material and methods** The patients from one oncologist who received genetic screening between January 2015 and April 2018 were analysed. The following criteria were collected: diagnosis, cancer status, prospective or retrospective screenings, screening results, types of SAE, dose reductions, shifts of chemotherapy treatments, and hospitalisations for adverse reactions and their costs.

**Results** For 40 months, 51 patients (average age: 66.4 years old) were genotyped out of 310 treated (132 by fluorouracil, two by irinotecan and 176 by both). Twenty of them were prospective. The study discovered 31 deficits: five DPD deficits, 21 UGT1A1 deficits and five combined deficits without complete deficit. Among them, 18 (58%) reported significant toxicities to chemotherapy with 5-fluorouracil and/or irinotecan while four (13%) had been screened before the initiation of chemotherapy. Half (n=9) required a shift to the next chemotherapy. Five hospitalisations were identified following a serious adverse event induced by the chemotherapy. Four of them (costing €14,500) could probably have been avoided by prospective screening and a dosage adjustment at the initiation of treatment.