5PSQ-053 ADAPTATION OF PROPHYLAXIS AGAINST VARICELLA–ZOSTER VIRUS IN PATIENTS WITH MULTIPLE MYELOMA

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Background Patients with a diagnosis of multiple myeloma (MM) have compromised innate and adaptive immunity, both humoral and cellular. The treatment of this pathology can produce immune alterations such as increasing the incidence of the Varicella–Zoster Virus (VZV) reactivation. The most accepted treatment is acyclovir at prophylactic doses.
Purpose Our objective was to evaluate the adequacy of prophylaxis against VZV in patients with MM treated with daratumumab or carfilzomib.
Material and methods Retrospective observational study in a third-level hospital. For the study, a population sample was obtained from the Farmatools Ambulatory Patient module who were in treatment with daratumumab or carfilzomib from January 2016 to April 2018. Clinical data was also obtained from discharge reports of the haematology service and active treatments in Horus.The registered variables were: name, patient identification number, dates of administration of daratumumab and carfilzomib, and doses and frequency of administration of acyclovir. In addition, the clearance of creatinine and renal pathologies were also recorded. Drug label of acyclovir indicates that a dose of 800 mg daily orally is recommended in immunocompromised patients.
Results A total of 12 patients (seven males and five females) were included, of which eight patients were treated with daratumumab, two with carfilzomib and two patients were treated with both at different times. The mean daily dose of acyclovir was 689.58 mg (SD: 185.76 mg) and the median dose was 800 mg (200–800). One patient was treated with 200 mg daily for chronic kidney disease secondary to a chronic glomerulopathy (serum creatinine of 2 mg/dL) and another patient was treated with 400 mg daily because of moderate renal impairment (serum creatinine of 1.73 mg/dL). The rest of the patients (n=6) were treated with 800 mg daily. No patient developed VZV infection during the treatment of MM.
Conclusion The use of prophylaxis with acyclovir against VZV in patients with MM under active treatment supposes a reduction in the rate of VZV reactivation to zero in our hospital. In our study, all patients had been prescribed an adequate acyclovir regimen individualised to the physiological features of each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Swaika A. *et al*. Acyclovir prophylaxis against Varicella–Zoster virus reactivation in multiple myeloma patients treated with bortezomib-based therapies. *J Support Oncol* 2012; **10**:155–9.

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5PSQ-054 NIVOLUMAB IN LUNG CANCER: FROM WEIGHT-BASED TO FLAT DOSING

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Background Nivolumab is a monoclonal antibody targeting PD1 approved by the EMA in 2015, and used in non-small cell lung cancer (NSCLC). The industrial development strategy was primarily a weight-based approach with 3 mg/kg every 2 weeks (Q2W). In 2018, the dosing regimen was simplified for a flat dose of 240 mg Q2W, because some studies assessed this strategy as effective and safe.[1–3] One of these studies had shown a non-statistical trend in more serious side effects (SSE) in low bodyweight patients (LBW, <50 kg).[2]
Purpose To review the new dosing regimen and to evaluate if it would represent significant financial changes for our hospital regarding the patients' cohort.
Material and methods We retrospectively recorded anthropometric and clinical data from all the patients treated by nivolumab for NSCLC in our centre between January 2017 and June 2018. We evaluated the cost per milligram of nivolumab (thanks to the national reimbursement data). We calculated the cost for three treatment strategies: 3 mg/kg Q2W, 240 mg flat dose Q2W (as if a new dosing strategy was applied along with the treatment) and 240 mg flat dose Q2W except for patients under 50 kg (mixed strategy, 3 mg/kg Q2W dosing regimen, taking into account the trend in more SSE in LBW patients).[2]
Results A total of 49 patients were included in the study (sex ratio M/F=3.08). The mean age was 67±9 years and mean bodyweight 69.4±19.2 kg (six patients under 50 kg). The nivolumab average cost per milligram in our country was evaluated at € 10.57. The costs were € 1,411,988 for the 3 mg/kg, € 1,608,331 for the flat dose (14% more expensive) and € 1,500,024 for the mixed strategy, taking into account low bodyweight patients (8.4% more expensive).
Conclusion Nivolumab flat dose presents practical benefits in terms of prescription and preparation, but also an extra cost regarding our patients' population in NSCLC. Its prescription should be considered wisely in LBW patients waiting the results of clinical trials. Flat-dose strategies for monoclonal antibodies in oncology are a challenge but also a paradox in the era of personalised medicine.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5634778/
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5834087/
3. https://ascpt.onlinelibrary.wiley.com/doi/full/10.1002/cpt.875

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5PSQ-055 DOES PALBOCICLIB MEAN NEUTROPAENIA?

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Background Palbociclib is a cyclin-dependent kinases 4/6 inhibitor, indicated in metastatic or locally advanced breast cancer, hormone receptor-positive and HER2-negative. The treatment is performed until unacceptable toxicity or progression of the disease. In clinical trials PALOMA-2 and PALOMA-3, the haematological toxicity was very frequent. These adverse reactions may promote the permanent interruption of the treatment or the delay and/or reduction of the dose, and that could determinate the effectiveness of the treatment.