treatment was temporarily suspended due to decreased haemoglobin and three (37.5%) had adverse effects (nausea, vomiting, stomach pain) without interruption of treatment.

Niraparib: four (36.4%) patients started with 300 mg and seven (63.6%) 200 mg. Five (45.5%) patients needed dose reduction, two with initial dose 300 mg and three 200 mg: three of them continued (one of 300 mg and two of 200 mg initial dose). In five (45.5%) patients, treatment was discontinued, two (40%) due to adverse effects (neutropaenia, thrombocytopenia and increased creatinine respectively) and three due to progression (60%), in addition temporarily suspending it due to neutropaenia. Six continued (three with 200 mg and three with 100 mg) and three of them had to temporarily interrupt it due to thrombocytopenia.

Conclusion In both treatments, the haematological adverse effects are more severe, frequent and worse tolerated in the case of Niraparib than Olaparib. In addition, greater discontinuity of treatment is observed in patients with Niraparib.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-058 MEASURING ADHERENCE TO EUROPEAN SOCIETY OF CARDIOLOGY GUIDELINES FOR PATIENTS TREATED WITH TRASTUZUMAB

R Rainone*, O Gleizes, S Foucher, A Rieutord. *Antoine-Béclère Hospital AP-HP, Pharmacy, Clamart, France*

10.1136/ejhp-pharm-2019-eahpconf.491

Background There are two types of breast cancer: *in situ* or invasive. Among invasive, 15% over-express a particular receptor called Human Epidermal growth factor Receptor 2 (HER2). Trastuzumab specifically targets this oncoreceptor. Nevertheless, this molecule has a partially reversible cardiotoxicity in 4.6% to 34% of patients. Monitoring of cardiotoxicity should be implemented according to the European Society of Cardiology (ESC).

Purpose The aim of the study was to assess the adherence to cardiac toxicity monitoring recommended by the ESC in patients treated with trastuzumab.

Material and methods Patients treated with at least two injections of trastuzumab (intravenously or subcutaneously) between 1 January and 1 July 2018, were included. Clinical data were assessed retrospectively from the hospital software patient's record. Data collected included the demographics characteristics at the start of the treatment, the administration data and the potential risk factors for cardiotoxicity. Parameters used to monitor the occurrence of cardiotoxicity and its management were also assessed and compared to the ESC guidelines and the trastuzumab summary of product characteristics.

Results Among 20 females included, 15 (75%) were followed up according to the recommendations. One (5%) was presenting a discrepancy in the imaging follow-up of left ventricular ejection fraction (LVEF), three (15%) did not have a close follow-up of the LVEF compared to the recommendations and one (5%) had a break in treatment of six cycles before restarting because of the decrease in LVEF. Six of the 20 patients (30%) had a LVEF decrease which required closer monitoring. Among these, three cases of cardiotoxicity with clinical signs were observed. A case of irreversible cardiotoxicity despite beta blocker (BB) management, a reversible case but requiring a temporary interruption of six cycles and

treated with BB and angiotensin converting enzyme inhibitor and finally a totally reversible case treated with BB. All three patients received pre-treatment with anthracycline (epirubicin) and had hypertension since initiation of trastuzumab.

Conclusion Seventy-five per cent of patients treated were followed up in accordance with the recommendation. The appearance of cardiotoxicity seems to be favoured by some previous events as mentioned in the literature. Nevertheless, since the number of patients included is small, a larger study should support these results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://ejhp.bmj.com/content/19/2/163.3>

<https://academic.oup.com/eurheartj/article/37/36/2768/2197413>

https://www.ema.europa.eu/documents/product-information/herceptin-epar-product-information_fr.pdf

<https://ansm.sante.fr/S-informer/Informations-de-securite-Lettres-aux-professionnels-de-sante/Herceptin-R-trastuzumab-rappel-de-l-importance-des-mesures-de-surveillance-cardiaque-pendant-le-traitement-pour-reduire-la-frequence-et-la-severite-des-dysfonctionnements-ventriculaires-gauches-et-des-insuffisances-cardiaques-congestives-Lettre-aux-professionnels-de-sante>

No conflict of interest.

5PSQ-059 CYCLIN DEPENDENT KINASES 4/6 INHIBITORS: NEW OPTIONS IN HR+ HER2- BREAST CANCER

¹J Ramos Rodríguez*, ²S Hernández Rojas, ³I González Perera, ⁴MM Viña Romero, ¹GJ Nazco Casariego, ²FJ Merino Alonso, ¹S García Gil, ¹B Del Rosario García, ¹L Cantarelli, ¹F Gutiérrez Nicolás. ¹Hospital Universitario de Canarias, Pharmacy, Santa Cruz De Tenerife, Spain; ²Hospital Universitario Nuestra Señora de la Candelaria, Pharmacy, Santa Cruz De Tenerife, Spain

10.1136/ejhp-pharm-2019-eahpconf.492

Background The HR +HER2 subtype is the most common molecular profile in women with breast cancer and the appearance of this new group of drugs has drastically changed the prognosis of this group of patients.

Purpose To describe the safety profile of Palbociclib and Ribociclib in two third-level hospitals.

Material and methods A multicentre, retrospective, 39 month study (May 2015 to August 2018), in which we analysed all patients treated with Palbociclib or Ribociclib. The following variables were collected: age of treatment onset, metastatic disease treatment line, adverse effects, suspension and/or dose reduction. Toxicities were classified according to the Common Terminology Criteria for Adverse Events (CTCAEv5.01) (January 2018).

Results Data were collected from 26 patients, 69.2% of which (18) were treated with Palbociclib, and 30.8% (eight) with Ribociclib. Drugs were used in the first-line in 38.5% of the cases (10) and in the second-line in 61.5% (16).

The adverse reactions described for both drugs were the following: 76.9% patients (20) suffered neutropaenia, of which 7.7% were grade 1 (two), 34.6% grade 2 (nine), 42.3% grade 3 (11) and 7.7% grade 4 (two); seven joint pain (26.9%); eight asthaenia (30.7%); four nausea (15.3%); three dizziness (11.5%); four patients experienced anaemia (15.4%), grade 1 in 3 cases (11.5%) and grade 3 in the remaining case (3.8%); three headache (11.5%); three dyspnea (11.5%); two papulo-pustular rash (7.7%), two abdominal pain (7.7%), two vomiting (7.7%); two respiratory infection (7.7%); two hot